

2001 UNIFORM BUSINESS REPORT (UBR)

0020301 SP

DOCUMENT # **A94000001703**

1. Entity Name

GREAT POTPOURRI, LTD.

Principal Place of Business

**601 W. SEMINOLE BLVD.
SANFORD FL 32771**

Mailing Address

**PMB 354
1982 SR 44
NEW SMYRNA BEACH FL 32168**

FILED
01 MAR -9 PM 12:06
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3298878

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLEY, EOGHAN N
601 W. SEMINOLE BLVD.
SANFORD FL 32771**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,742,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000086871**
NAME **GREAT POTPOURRI, INC.**
STREET ADDRESS **601 W. SEMINOLE BLVD.**
CITY-ST-ZIP **SANFORD FL 32771**

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STREET ADDRESS	200003831022--1
CITY-ST-ZIP	-03/12/01--01115--012
STREET ADDRESS	*****526.25 *****526.25
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE **Great Potpourri Inc**
Eoghan N Kelley, Pres

904 345 4811

Date

Daytime Phone #

CR2E003 (11/00)