

7099 3220 001 2023 4101

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000001703**

1. Entity Name
GREAT POTPOURRI, LTD.

FILED

02 MAY -1 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**601 W. SEMINOLE BLVD.
SANFORD FL 32771**

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



2. Principal Place of Business
4525 Myrtle St
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Edgewater FL 32141

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)
4525 Myrtle St
City
Edgewater FL Zip Code
32141

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.

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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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 386-345-0513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/01)