

2000 UNIFORM BUSINESS REPORT (UBR)

0011173 A

DOCUMENT # **A94000001704**

1. Entity Name

GREAT POTPOURRI II, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

ng

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

Mailing Address
**P.O. BOX 1328
SANFORD FL 32168-8349**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PMB 354

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1482 SR 44

City & State

City & State

NEW SMYRNA BEACH FL

4. FEI Number

59-3290038

Applied For

Not Applicable

Zip

Country

32168

Country

FLORIDA

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 WEST 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.

\$2,561,000.00

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 WEST SEMINOLE BLVD.**
CITY - ST - ZIP **SANFORD FL 32771**

STREET ADDRESS

CITY - ST - ZIP

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******526.25 ****526.25**

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: Eoghan N Kelley, Pres

407. 321 7946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

166(6) 1200 F.C.