

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001416**

1. Entity Name

**GORRAN FAMILY LIMITED PARTNERSHIP**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 PM 6: 52

Principal Place of Business

~~12840 MEADOWBREEZE DR~~  
~~WELLINGTON FL 33414~~

Mailing Address

12840 MEADOWBREEZE DR  
WELLINGTON FL 33414-2014



2. Principal Place of Business

6019 Via Venetia South

3. Mailing Address

6019 Via Venetia South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

65-0616587

Applied For

Not Applicable

Zip

33484

Country

US

Zip

33484

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GORRAN, JODY A

~~12840 MEADOWBREEZE DR~~

~~WELLINGTON FL 33414~~

6019 Via Venetia South  
Delray Beach, FL  
33484

7. Name and Address of New Registered Agent

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.

\$1,000,000.00

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

DOCUMENT # P95000071500  
NAME GORRAN ENTERPRISES, INC.  
STREET ADDRESS ~~12840 MEADOWBREEZE DR~~  
CITY - ST - ZIP ~~WELLINGTON FL 33414~~

13. ADDRESS CHANGES ONLY

STREET ADDRESS

6019 Via Venetia South

CITY - ST - ZIP

Delray Beach, FL 33484

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/2/00 561312-2870

Date

Daytime Phone #

CR2E003 (9/99)