

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001355**

1. Entity Name

GGI, LTD.

FILED

Mar 22 2000 8:00 am  
Secretary of State

Principal Place of Business

3910 U.S. HIGHWAY 301 NORTH, SUITE 140  
TAMPA FL 33619

Mailing Address

C/O J. BOB HUMPHRIES, ESQUIRE  
501 EAST KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602-5239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3453881

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

HUMPHRIES, J. BOB ESQ.  
FOWLER, WHITE, GILLEN, BOGGS, VILLAREAL  
501 EAST KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602

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:

\$99.00

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 # P98000054546  
NAME GGI, INC. SE  
STREET ADDRESS 2535 SUCCESS DRIVE  
CITY - ST - ZIP ODESSA FL 33556

STREET ADDRESS

CITY - ST - ZIP

7000003196227--0

-04/05/00--01010--011

\*\*\*\*150.00 \*\*\*\*150.00

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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 826, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**

3/17/00

(813) 222-1173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

J. Bob Humphries

CR2E003 (9/99)