

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001101 AF

DOCUMENT # **A98000001547**

\$150.00  
EV

1. Entity Name

GREV, LTD.

FILED

01 MAY -3 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
474 S. NORTH LAKE BLVD., SUITE 1020  
ALTAMONTE SPRINGS FL 32701

Mailing Address  
474 S. NORTH LAKE BLVD., SUITE 1020  
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
2221 Lee Road  
Suite 28  
City & State  
Winter Park, FL  
Zip Country  
32789

4. FEI Number  
59-3523343

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DELGUIDICE, CHRISTOPHER  
474 S. NORTH LAKE BLVD., SUITE 1020  
ALTAMONTE SPRINGS FL 32701

## 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. \$1,000.00

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 this form; an amendment must be filed to change a general partner.

## 12. GENERAL PARTNER INFORMATION

DOCUMENT # P98000056616  
NAME GREV, INC.  
STREET ADDRESS 474 S. NORTH LAKE BLVD., SUITE 1020  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

DOCUMENT #  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
400004333874--4  
-05/30/01 --01032--010  
\*\*\*\*150.00 \*\*\*\*150.00

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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:

*Salvador F. Leccese*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Salvador F. Leccese 4-19-01 407-645-5575

Date Daytime Phone #

CR2E003 (11/00)