

2002 UNIFORM BUSINESS REPORT (UBR)

U14218 A1

DOCUMENT # **A98000001606**

1. Entity Name

G. L. HILL, LTD.

FILED

02 FEB -4 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**415 2ND STREET
INDIAN ROCKS BEACH FL 33785**

Mailing Address

**415 2ND STREET
INDIAN ROCKS BEACH FL 33785**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3525252

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERT L. MUNCE PUBLISHING, INC.
415 2ND STREET
INDIAN ROCKS BEACH FL 33785**

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.

DATE

9. Capital Contributions
as Shown on record.

\$460,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

460,000.00

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 # **587873**
NAME **ROBERT L. MUNCE PUBLISHING, INC.**
STREET ADDRESS **415 2ND STREET**
CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

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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 660, Florida Statutes

ROBERT L. MUNCE, PRES OF GEN. PTR. (LW IN ABOVE)

SIGNATURE:

Robert L. Muncie

1/12/02

927/596-7625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

SI AFLE CHECK HERE