

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001667**

1. Entity Name
GRL, LTD.

Principal Place of Business
**474 S. NORTHLAKE BLVD., SUITE 1020
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**2221 LEE ROAD
SUITE 28
WINTER PARK FL 32789**

FILED

01 OCT 17 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 26, 2001

4. FEI Number **59-3523359**

Applied For

Not Applicable

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

**DELGUIDICE, CHRISTOPHER
474 S. NORTHLAKE BLVD., SUITE 1020
ALTAMONTE SPRINGS FL 32701**

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

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000086043**
NAME **GRL, INC.**
STREET ADDRESS **474 S. NORTHLAKE BLVD., SUITE 1020**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

STREET ADDRESS

CITY-ST-ZIP

500004653425--6
10/25/01--01029--024

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

******650.00 ****650.00**

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CITY-ST-ZIP

**500.00 52.50 88.75
8.15**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

REINSTATEMENT

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

10-15-01 321-201-7000

Date

Daytime Phone #

CR2E003 (5/01)