

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001288

DOCUMENT # A98000002752

1. Entity Name

GRPP, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 26 AM 8:05

Principal Place of Business

1101 NORTH LAKE DESTINY DRIVE, SUITE 400  
MAITLAND FL 32751

Mailing Address

1101 NORTH LAKE DESTINY DRIVE, SUITE 400  
MAITLAND FL 32751-7119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

474 S. North Lake Blvd.

3. Mailing Address

2221 Lee Road

Suite, Apt. #, etc.

Suite 1020

Suite, Apt. #, etc.

Suite 28

City & State

Altamonte Springs, FL

City & State

Winter Park, FL

Zip

32701

Country

US

Zip

32789

Country

US

4. FEI Number

59-3556309

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELGUIDICE, CHRISTOPHER

1101 NORTH LAKE DESTINY DRIVE, SUITE 400

MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

474 S. North Lake Blvd

Suite 1020

City

Altamonte Springs

FL

Zip Code

32701

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

DOCUMENT # P97000002318  
NAME GRPP, INC.  
STREET ADDRESS 1101 NORTH LAKE DESTINY DRIVE, SUITE 400  
CITY - ST - ZIP MAITLAND FL 32751

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

474 S. North Lake Blvd, Suite 1020

CITY - ST - ZIP

Altamonte Springs, FL 32701

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR1E003 (9/99)

321-207-7000  
404-80-5666  
1/07/00  
DELGUIDICE PROS