

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A98000002752**

1. Entity Name  
**GRPP, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 26 AM 8:05  
\$15.00  
*[Signature]*

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 <b>474 S. North Lake Blvd.</b> Suite, Apt. #, etc. <b>Suite 1020</b> City & State <b>Altamonte Springs, FL</b> Zip <b>32701</b> Country <b>US</b>	3. Mailing Address <b>2221 Lee Road</b> Suite, Apt. #, etc. <b>Suite 28</b> City & State <b>Winter Park, FL</b> Zip <b>32789</b> Country <b>US</b>
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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 \_\_\_\_\_ (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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P97000002318</b> <b>GRPP, INC.</b> <b>1101 NORTH LAKE DESTINY DRIVE, SUITE 400</b> <b>MAITLAND FL 32751</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	<b>474 S. North Lake Blvd, Suite 1020</b> <b>Altamonte Springs, FL 32701</b>
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	<b>300003259653--5</b> <b>-05/19/00--01092--004</b> <b>****150.00 ****150.00</b>
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]* **DELGUIDICE** **PROS** **1/07/00** **321-207-7000** **409-80-5666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR1E003 (9/99)