

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002817**

1. Entity Name
GREGUSH ASSOCIATES, LIMITED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL -3 AM 9:01

Principal Place of Business
287 GEORGE ROAD
PORT CHARLOTTE FL 33952

Mailing Address
287 GEORGE ROAD
PORT CHARLOTTE FL 33952-9158



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEY Number
65-0902524

Applied For
Not Applicable

Zip Country Zip Country

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

GREGUSH, JANE
287 GEORGE ROAD
PORT CHARLOTTE FL 33952

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **2,600,000.00** 10. Amount of Capital Contributed in FLORIDA to date **2,600,000.00** 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 # NAME STREET ADDRESS CITY - ST - ZIP	P98000105684 GREGUSH HOLDINGS, INC. 287 GEORGE ROAD PORT CHARLOTTE FL 33952	STREET ADDRESS CITY - ST - ZIP	
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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 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **JANE GREGUSH** **4/27/00** **(941) 634-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #