

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014782 AT

**DOCUMENT # A98000002817**

1. Entity Name  
**GREGUSH ASSOCIATES, LIMITED**

**FILED**  
02 APR 22 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**287 GEORGE ROAD  
PORT CHARLOTTE FL 33952**

Mailing Address  
**287 GEORGE ROAD  
PORT CHARLOTTE FL 33952**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

**DUE BY MAY 1, 2002**

4. FEI Number **65-0902524** Applied For  Not Applicable

Country **33952-9158** Country **33952-9158**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GREGUSH, JANE  
287 GEORGE ROAD  
PORT CHARLOTTE FL 33952**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL 33952-9158**

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

9. Capital Contributions as Shown on record. **\$2,600,000.00**

10. Amount of Capital Contributions 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>P98000105684 GREGUSH HOLDINGS, INC. 287 GEORGE ROAD PORT CHARLOTTE FL 33952</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	<b>Port Charlotte FL 33952-9158</b>
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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:** *Kane Pappas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/17/02** Daytime Phone # \_\_\_\_\_

CR2E003 (9/01)