

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000153**

1. Entity Name

**GLA INVESTMENT AND DEVELOPMENT, LTD.**

Principal Place of Business

**353 WINDOW ROCK DRIVE  
WELLINGTON FL 33414**

Mailing Address

**353 WINDOW ROCK DRIVE  
WELLINGTON FL 33414-3932**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ZIMMERMAN, GEORGE W SR.  
353 WINDOW ROCK DRIVE  
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

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.

**\$48,000.00**

10. Amount of Capital Contribution  
in FLORIDA to date.

**\$48,000.00**

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 # **P98000057886**  
NAME **GEORGIA LAND ACQUISITION, INC.**  
STREET ADDRESS **353 WINDOW ROCK DRIVE**  
CITY - ST - ZIP **WELLINGTON FL 33414**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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

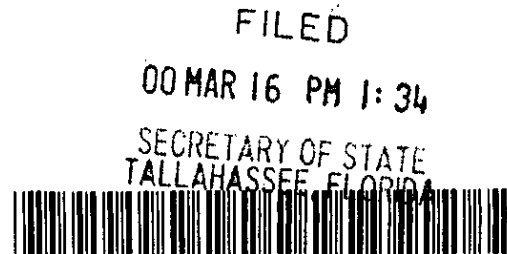
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**3/8/2000 (561) 793-6062**



DO NOT WRITE IN THIS SPACE

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