

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0007305 AF

DOCUMENT # **A99000000153**

1. Entity Name

GLA INVESTMENT AND DEVELOPMENT, LTD.

01 APR 27 PM 6:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**353 WINDOW ROCK DRIVE
WELLINGTON FL 33414**

Mailing Address
**353 WINDOW ROCK DRIVE
WELLINGTON FL 33414**



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. FEI Number

65-0861163

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

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

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 _____ (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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

336.00-UP
88.75-ADM

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300004194449--8
~~05/10/01 01124 021~~
******424.75 ****424.75**

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

George W Zimmerman, Pres G. Part

4/25/01 (561) 793-6062

Date Daytime Phone #

CR2E003 (11/00)