

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001358

1. Entity Name

GVB, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05

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

474 S. NORTH LAKE BLVD.

3. Mailing Address

474 S. NORTH LAKE BLVD

Suite, Apt. #, etc.

SUITE 1020

Suite, Apt. #, etc.

SUITE 1020

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

4. FEI Number

59-3593956

Applied For

Not Applicable

Zip

32701

Country

Zip

32701

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELGUIDICE, CHRISTOPHER

1101 N. 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

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.

\$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
GVB, INC.
1101 N. LAKE DESTINY DRIVE, SUITE 400
MAITLAND FL 32751

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP
474 S. North Lake Blvd, Suite 1020
Altamonte Springs, FL 32701

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

0000003259660-3
-05/19/00--01092--007
****150.00 ****150.00

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/00

Date

(321) 207-7000

Daytime Phone #

CPRE003 (9/99)

0001355

NY