

2000 UNIFORM BUSINESS REPORT (UBR)

JUL1296 AF

DOCUMENT # A99000001363

1. Entity Name

THE GRAND VENEZIA AT BAYWATCH LIMITED PARTNERSHI

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
ALTIMONTE SPRINGS FL

City & State
ALTIMONTE SPRINGS FL

Zip
32701

Country

Zip
32701

Country

4. FEI Number
59-3595658

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DELGUIDICE, CHRISTOPHER
1101 NORTH 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
ALTIMONTE 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, LTD.
1101 NORTH LAKE DESTINY DRIVE, SUITE 400
MAITLAND FL 32751

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY - ST - ZIP

474 S. NORTH LAKE BLVD, SUITE 1020
ALTIMONTE 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

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***150.00 ***150.00

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

Date

Daytime Phone #

4/25/00

(321) 207-7000

CR:E003 (9/99)