

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F77266

1. Entity Name

G. R. G. PROPERTIES, CORP.

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90031 033 \*\*\*150.00

Principal Place of Business

2953 B S. FERNCREEK AVENUE  
ORLANDO FL 32806

Mailing Address

2953 B S. FERNCREEK AVENUE  
ORLANDO FL 32806

2. Principal Place of Business

1450 GRANADA Blvd.

3. Mailing Address

P.O. Box 420699

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34746

Country

U.S.

Zip

34742

Country

U.S.

4. FEI Number

59-2215591

Applied For

Not Applicable

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

ORMAN, WILLIAM M.

2953 B S. FERNCREEK AVENUE  
ORLANDO FL 32806

Name

Street Address (P.O. Box Number is Not Acceptable)

1450 GRANADA Blvd.

City

Kissimmee

FL

Zip Code

34746

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. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PDC  
ORMAN, WILLIAM M  
2239 MCLAREN CIR  
KISSIMMEE, FL 00000

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VTS  
ORMAN, BERTHA  
2239 MCLAREN CIR  
KISSIMMEE, FL 00000

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-01 407-932-3815

CR2E034 (10/00)