

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003983

1. Entity Name

GRS INSURANCE GROUP, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90015 017 ***150.00

Principal Place of Business

Mailing Address

6905 ROCKLEDGE DR., STE. 720
BETHESDA MD 20817

1000 TOWN CENTER
STE. 1000
SOUTHFIELD MI 48075-1259
US

2. Principal Place of Business

6395 Greenfield Rd

3. Mailing Address

Suite, Apt. #, etc.

Unit 1406

City & State

Elkridge MD

Zip

21075

Country

Zip

Country

4. FEI Number

38-3331200

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

GABRIEL ROEDER SMITH & CO
301 E LAS OLAS BLVD
STE. 200
FT. LAUDERDALE FL 33301

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. 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, 2000 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 DP
NAME CAVANAUGH, THOMAS
STREET ADDRESS 1000 TOWN CENTER, STE. 1000
CITY-ST-ZIP SOUTHFIELD MI 48075 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVT
NAME DAVIS, F. KENNETH
STREET ADDRESS 1000 TOWN CENTER, STE. 1000
CITY-ST-ZIP SOUTHFIELD MI 48075 ☐ Delete

TITLE DPT
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S
NAME WILLIAMS, SHIRL
STREET ADDRESS 1000 TOWN CENTER, STE. 1000
CITY-ST-ZIP SOUTHFIELD MI 48075 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE DV
NAME Lisa Sheppard
STREET ADDRESS 6395 Greenfield Rd Unit 1406
CITY-ST-ZIP Elkridge, MD 21075 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2000

Date

248-799-9000

Daytime Phone #

CR2E034 (9/99)