

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005971

1. Entity Name

GRT VIII, INC.

Principal Place of Business

400 S. EL CAMINO REAL, #1100  
SAN MATEO CA 94402-1708

Mailing Address

400 S. EL CAMINO REAL, #1100  
SAN MATEO CA 94402-1708

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

94-3311279

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

TITLE	C	<input type="checkbox"/> Delete
NAME	BATINOVICH, ROBERT	
STREET ADDRESS	400 S. EL CAMINO REAL, #1100	
CITY-ST-ZIP	SAN MATEO CA 94402-1708	
TITLE	CP	<input type="checkbox"/> Delete
NAME	BATINOVICH, ANDREW	
STREET ADDRESS	400 S. EL CAMINO REAL, #1100	
CITY-ST-ZIP	SAN MATEO CA 94402-1708	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALY, EUGENE	
STREET ADDRESS	555 LAUREL ST., PENTHOUSE #608	
CITY-ST-ZIP	SAN MATEO CA 94401	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHAPIRO, ALAN	
STREET ADDRESS	400 S. EL CAMINO REAL, #1100	
CITY-ST-ZIP	SAN MATEO CA 94402-1708	
TITLE	S	<input type="checkbox"/> Delete
NAME	AUSTIN, FRANK E	
STREET ADDRESS	400 S. EL CAMINO REAL, #1100	
CITY-ST-ZIP	SAN MATEO CA 94402-1708	
TITLE	T	<input type="checkbox"/> Delete
NAME	GARNICK, TERRI	
STREET ADDRESS	400 S. EL CAMINO REAL, #1100	
CITY-ST-ZIP	SAN MATEO CA 94402-1708	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Frank E. Austin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/00

Date

(650) 343-9300

Daytime Phone #

Frank E. Austin, Secretary

FILED

Jan 27, 2000 8:00 am  
Secretary of State

01-27-2000 90009 005 \*\*\*150.00

B0008346



DO NOT WRITE IN THIS SPACE

CR2F034 (9/99)