## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

10.

TITLE

NAME

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STREET ADDRESS

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400 S. EL CAMINO REAL. #1100

C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

the obligations of registered agent.

F98000005971

Mailing Address

Suite, Apt. #, etc.

City & State

Zip

8. The above named entity submits this statement for the purpose of changing its registered office or registered

OFFICERS AND DIRECTORS

400 S. EL CAMINO REAL. #1100

1. Entity Name GRT VIII, INC.



Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

BATINOVICH, ROBERT

BATINOVICH, ANDREW

SAN MATEO CA 94401

DALY, EUGENE

SHAPIRO, ALAN

AUSTIN, FRANK E

SAUL, STEPHEN R

312 MELROSE AVENUE

MILL VALLEY CA 94941

400 S. EL CAMINO REAL, #1100

400 S. EL CAMINO REAL, #1100

555 LAUREL ST., PENTHOUSE #608

400 S. EL CAMINO REAL, #1100

400 S. EL CAMINO REAL, #1100

SAN MATEO CA 94402-1708

SAN MATEO CA 94402-1708

SAN MATEO CA 94402-1708

SAN MATEO CA 94402-1708

Country

(NOTE: Registered Agent signature required who

11.

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SAN MATEO CA 94402-1708 SAN MATEO CA 94402-1708 2. Principal Place of Business 3. Mailing Address

Apr 07, 2003 8:00 am Secretary of State

04-07-2003 91014 016 \*\*\*150.00

		☐ CHEC	CK HERE IF	MAKIN	IG CH	ANGES	
	4.	FEI Number 94-3	311279			-	plied For at Applicabl
<i>'</i>	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	7. 1	Name and Address	of New Re	gistered	l Ager	ıt	
Name:		-	. +	. <del></del> ·	-	-	
Street A	ddress (P.O. B	lox Number is Not A	cceptable)				
City				F	L	Zip Code	9
	ure required when re	ent, or both, in the S		DATE			
gori agricii	ara roquirad when a	I					
		9. Election Can Trust Fund C		_			<b>0</b> May Be I to Fees
	AC	DITIONS/CHANGE	S TO OFFIC	ERS AN	ID DIF	ECTORS	3 IN 11
						Change	Addition
ADDRESS (- Zip							
					. 🗆	Change	Addition Addition
ADDRESS 1-zip							
-				_		Change ~	Addition
ADDRESS							

12.	I hereby o	certify that the information supplied with this filing does not qualify for the	e exemption stat	tated 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 ha	have the same legal effect as if made under oath; that I am an officer or director
	of the cor	poration or the receiver or trustee empowered to execute this report as	required by Cha	hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
	changed,	or on an attachment with an address, with all other like empowered.		

CITY-ST-ZIP

Frank E. Austin, Secretary

3/31/03

(650) 343-9300

☐ Change

☐ Change

☐ Change

■ Addition

Addition

Addition