

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J13197

1. Entity Name
GRI of South Florida, Inc.

Principal Place of Business

951 S. Andrews Ave.
Pompano Beach, FL 33069

Mailing Address

3323 W. Commercial Blvd.
Suite 200
Ft. Lauderdale, FL 33309

2. Principal Place of Business

951 S. Andrews Ave.
Suite, Apt. #, etc.
Pompano Beach, FL 33069
City & State

3. Mailing Address

3323 W. Commercial Blvd.
Suite, Apt. #, etc.
Suite 200
City & State
Ft. Lauderdale, FL 33309

Zip
33069

Country
USA

Zip
33309

Country
USA

6. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324

4. FEI Number

65-0002953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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	P	<input type="checkbox"/> Delete
NAME	Joe Conn	
STREET ADDRESS	951 S. Andrews Ave.	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Dale Eby	
STREET ADDRESS	3323 W. Commercial Blvd	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Gregg Wallick	
STREET ADDRESS	3323 W. Commercial Blvd.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dale Eby, Treasurer

4/26/00

954/942-3550

CR2E034 (9/99)