

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90017 010 ***550.00

DOCUMENT # J83864

1. Entity Name
GRECO REALTY CORP. ✓

Principal Place of Business
**3502 HENDERSON BLVD
 SUITE 300
 TAMPA FL 33609
 US**

Mailing Address
~~PO BOX 6214~~ **PO BOX 695**
~~VENICE FL 34302~~ **VENICE, FL**
US 34284

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
PO BOX 695
 Suite, Apt. #, etc.

City & State
VENICE, FL

Zip Country
34284 US



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2824696** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GRECO, LOUIS A
 3502 HENDERSON BLVD
 SUITE 300
 TAMPA FL 33009**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DPS GRECO, LOUIS 3502 HENDERSON BLVD TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED **9/12/00** **(813)353-0220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)