

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019496 AF

**DOCUMENT # L00000006404**

1. Entity Name  
**GRW ASSOCIATES, L.L.C.**

FILED

01 MAR 21 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2531 CLEVELAND AVENUE  
FORT MYERS FL 33901**

Mailing Address  
**2531 CLEVELAND AVENUE  
FORT MYERS FL 33901**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**STE 5**

Suite, Apt. #, etc.  
**STE 5**

City & State

City & State

4. FEI Number  
**65-1011391**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARDNER, RONALD D**  
**2531 CLEVELAND AVENUE** *STE 5*  
**FORT MYERS FL 33901**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME **MGR GARDNER, RONALD D**  Delete  
STREET ADDRESS **2531 CLEVELAND AVENUE**  
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE  
NAME **Suite 1**  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **MGR P. Jeffrey Richards**  Change  Addition  
STREET ADDRESS **2531 Cleveland Ave. Ste. 1**  
CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **MGR Mark E. Weaver**  Change  Addition  
STREET ADDRESS **2531 Cleveland Ave. Ste 1**  
CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **300003909653--9**  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **03/26/01 01143-003**  Change  Addition  
STREET ADDRESS **\*\*\*\*\*50.00 \*\*\*\*\*50.00**  
CITY-ST-ZIP

TITLE  
NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)