

2011 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010299

1. Entity Name
GLOBAL ALLIANCE PROJECT, L.L.C.

Principal Place of Business
2871 GLORIA COURT
CLEARWATER FL 33761

Mailing Address
PO BOX 15735
CLEARWATER FL 33766-5755

FILED
01 MAY 21 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2871 GLORIA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER FL

4. FEI Number

59-3678308

Applied For

Not Applicable

Zip

Country

Zip

33761

Country

USA

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

CHECHELE, T S
5625 CENTRAL AVENUE
ST PETERSBURG FL 33710

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

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
JEFFREY A. LOY
2871 GLORIA COURT
CLEARWATER, FL 33761 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
TIMOTHY V. COFFIN
19664 LOST CREEK DR.
FT. MYERS, FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BK ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~MEMBER~~
PETER NICKERSON
3055 CASS ROAD, SUITE 107
TRAVERSE CITY, MI 49684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200004419252-02
-06/14/01-01019-008
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)