

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000000929

1. Entity Name

GG&A/PERIWINKLE LLC

Principal Place of Business

2075 PERIWINKLE WAY  
SANIBEL ISLAND FL

Mailing Address

C/O GREGORY GREENFIELD & ASSOCIATES, LTD.  
5775 PEACHTREE DUNWOODY RD.  
ATLANTA GA 30342-1556

APPROVED  
AND  
FILED

00 MAY -4 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5775 Peachtree Dunwoody Rd  
Suite, Apt. #, etc.

Suite 175-D

City & State

Atlanta, GA

3. Mailing Address

Suite, Apt. #, etc.

Suite 175-D

City & State

Zip

30342

Country

USA

Country

4. FEI Number

58-2398907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

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

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM  
STREET ADDRESS GREGORY GREENFIELD & ASSOCIATES, LTD.  
CITY-ST-ZIP 5775 PEACHTREE DUNWOODY ROAD  
ATLANTA GA 30342

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 000003275500-1  
CITY-ST-ZIP -06/02/00-01094-017  
\*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
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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:

*Gregory Greenfield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

0016869 AF

15/03/00 10:00