

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003663

1. Entity Name  
GRAND OAK PARK, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 25 AM 9:15

Principal Place of Business  
13904 NORTH BOULEVARD  
TAMPA FL 33613

Mailing Address  
13904 NORTH BOULEVARD  
TAMPA FL 33613-2008



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1336 W. Fletcher Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
1336 W. Fletcher Ave  
Suite, Apt. #, etc.

City & State  
TAMPA

City & State  
TAMPA

4. FEL Number  
59-3583228

☒ Applied For  
☐ Not Applicable

Zip 33612 Country USA

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

## 6. Name and Address of Current Registered Agent

GOMEZ, ROBERT JR  
13904 NORTH BOULEVARD  
TAMPA FL 33613

## 7. Name and Address of New Registered Agent

Name ROBERT GOMEZ JR  
Street Address (P.O. Box Number is Not Acceptable)  
1336 W. Fletcher Avenue  
City TAMPA FL Zip Code 33612

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

1-18-00

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

## 9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TIDEWATER VENTURES, INC. 13909 SHADY SHORES DRIVE TAMPA FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RG COMMERCIAL INC. 13904 NORTH BOULEVARD TAMPA FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RG COMMERCIAL 1336 W. Fletcher Avenue TAMPA, FL 33612	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-18-2000

813/264-4047

CR2E083 (9/99)