## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900003663  1. Entity Name GRAND OAK PARK, L.C.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
						. –		
Principal Place of Business Mailing Address  13904 NORTH BOULEVARD  TAMPA FL 33613  TAMPA FL 33613-2008				U	) FEB 25 AM 9: 1	15		
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2. Principal Place of Business 1336 W. Hetcher Avenue 1336 W. Hetcher Ave Suite, Apt. #, etc.  3. Mailing Address 1336 W. Hetcher Ave Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.				ļ	DO NOT WHITE	N ITIIS SI ACE		
City & State PA City & State PAMPA				4.5	7.358322	8 No	oplied For ot Applicable	
Zip 33612 Country SA Zip 336/2 Country SA (2)			Country SA	. <b>5.</b> Certi	ficate of Status Desired	□ \$5.00 Add		
	6. Name and Address of Current R				e and Address of New Reg	- <del></del>		
_		AND A COLUMN TO A	Name	Robert	Gomez TR	<u></u>		
GOMEZ, ROBERT JR  Street Address					lumber is Not Acceptable) W: Fle fc/	1-1-	2010	
, , ,					W. Hetch	ier fre		
TAMPA FL 33613						7:-0-1		
			City	AMPH	<del>-</del>	FL Zip Cod	6/2	
8. The above	named entity submits this statement for	he purpose of changing its regi	stered office o	r registered agent,	or both, in the State of Florid	a.		
SIGNATURE .	- Manty	d title if application (NOTE: Reg		ure required when reinstati		8-00		
	Signature, typed or printed name of registated agent and	the mapping (NOTE, Reg	istered Agent signal	uie required when remstati		DAIL		
		FILE NOW						
		Make Check Payab	le to Depart	ment of State				
9.	MANAGING MEMBER	RS/MEMBERS	10.		ADDITIONS/CH	ANGES		
TITLE	MGRM	Defeta	TITLE		Dalalan	Change	Addition 6	
NAME STREET ADDRESS	TIDEWATER VENTURES, INC. 13909 SHADY SHORES DRIVE		NAME 8TREET ADDRESS	_	nf 3/8/00		F083 (	
CITY-ST-ZIP	TAMPA FL 33613	·	CITY- ST- ZIP		0			
TITLE	MGRM	☐ Delute	TITLE	MERM	MERUAL Fletcher A FL 3361	Change	Addition C	
NAME STREET ADDRESS	RG COMMERCIAL INC. 13904 NORTH BOULEVARD	•	NAME STREET ADDRESS	1336 (1)	Eletcher A	VENUE	ĺ	
CITY-8T-ZIP	TAMPA FL 33613		CITY- 8T- ZIP	TAMPA	FL 3361	2		
TITLE		Delete	TITLE			Change	Addition	
NAME			NAME STREET ADDRESS		2000031	64142	4	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	1	-03/09/	)D01087	70 00 709	
TITLE		☐ Delete	TITLE		*****5[	☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delets	TITLE		<del></del>	☐ Change	Addition	
NAME 3	-		NAME					
STREET ADDRESS CITY-ST-ZIP	L		STREET ADDRESS CITY-ST-ZIP					
	pertify that the information supplied with the	his filing does not qualify for the		ted in Section 119 (	07(3)(i). Florida Statutes I fu	 rther certify that the ir	nformation	
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 improved to execute this report as required by Chapter 608, Florida Statutes.								
	In his	1/ km/h/)		, , , , , , , , , , , , , , , , , , , ,		1		
SIGNAT	URE: SICHOLO		ED _	/	1-18-2000	813/26	4-4047	
	SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING MANAGING MEME	BER OR MANAGER		Date	Daytime Phone #		