

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000319

1. Entity Name
T AND T GRANDVIEW, L.L.C.

FILED

00 JAN 19 AM 11:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
10365 SCHUESSLER RD.
ST. LOUIS MO 63128

Mailing Address
10365 SCHUESSLER RD.
ST. LOUIS MO 63128-3236



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **50-0348859**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
TICE, NORMAN
10365 SCHUESSLER RD.
ST. LOUIS MO 63128**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
TICE, ARLENE
10365 SCHUESSLER RD.
ST. LOUIS MO 63128**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**900003112289--9
-01/27/00--01015--014
*****50.00 *****50.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
TOBLER, PATRICIA
10365 SCHUESSLER RD.
ST. LOUIS MO 63128**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
TOBLER, ROBERT
10365 SCHUESSLER RD.
ST. LOUIS MO 63128**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
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: **NORMAN TICE**
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: **1/12/00**
Daytime Phone #: **314-842-4492**
850-650-4942