## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jun 19, 2001 8:00 am DOCUMENT # N0000004603 **Secretary of State** 1. Entity Name 06-07-2001 90004 024 \*\*\*\*61.25 GRAND CENTRAL DISTRICT ASSOCIATION, INC. Principal Place of Business Mailing Address 2719 FIRST AVENUE NORTH 2719 FIRST AVENUE NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33:13 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIBBLE ddress (P.S. Box Number is Not Acq GRUSKIN, DAVID J 2719 FIRST AVENUE NORTH ST. PETERSBURG FL 33713 TETERS BURG 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. Make Check Payable to FILE NOW: 9. Election Campaig 1 Financing \$5.00 May Be Trust Fund Contril ution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. David Gruskin Pesidut Delete ☐ Change Addition TITLE 2719 First Auent Worth NAME MALEF STREET ADDRESS STREET ADDRESS St. Petrisbury Re 33713 CITY-ST-ZIP CCTY-ST-7IP Ed Mlotowski Uice Ha. Delete ☐ Change ☐ Addition NAME NAME 1850 Central Ave. STREET ADDRESS STREET ADDRESS ·CITY-ST-ZIP CITY-ST-ZIP TOM DIBBLE TREAS. Delete Change ■ Addition TITLE NAME 33712 STREET ADDRESS STREET ADDRESS STPETERS BURG, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition JUST WELDIC De lete TITI F TITLE NAME NAME 220 central Alle STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition 345 Central Are NAME NAME STREET ADDRESS STREET ADDRESS · Petersburge-33713 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition NAME

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 517, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

central Assul

FILED