

UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUL 14 AM 8:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N00000007113

1. Entity Name

Grant Park Addition Homeowners
Association, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3705 Wiggins Leaf St. 700021588417
07/16/03--01024--023 **70.00

Tampa, FL

33619

14111sborough

4. FEI Number

59-2550410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Tequila Wheeler

Street Address (P.O. Box Number is Not Acceptable)

3705 Wiggins Leaf St.

City

Tampa

FL

Zip Code

33619

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Tequila Wheeler, President

3/26/03

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Randace Scott 3718 Wiggins Leaf St. Tampa, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Secretary Katherine Davis 3713 Wiggins Leaf St. Tampa, FL 33619
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DO NOT WRITE
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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:

Tequila Wheeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/26/03

Date

813 905-5151

Daytime Phone #

CR2E083B (12/02)