

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000024402

1. Entity Name

GRAND COMMERCIAL CENTER, INC.

Principal Place of Business

604 BAYNARD DRIVE
TARPON SPRINGS FL 34689

Mailing Address

604 BAYNARD DRIVE
TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-362 8512

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MOUNTRAKIS, KATHERINE
604 BAYNARD DRIVE
TARPON SPRINGS FL 34689

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME P
STREET ADDRESS KNOOP, APHRODITI
CITY-ST-ZIP 116 S. WOOD AVE
SILVER SPRINGS MD 20901 ☐ Delete

TITLE NAME V
STREET ADDRESS MOUNTRAKIS, KATHERINE
CITY-ST-ZIP 4295 E. MEXICO AVE APT #601
DENVER CO 80222 ☐ Delete

TITLE NAME
STREET ADDRESS ☐ Delete

TITLE NAME
STREET ADDRESS ☐ Delete

TITLE NAME
STREET ADDRESS ☐ Delete

TITLE NAME
STREET ADDRESS ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME KNOOP APHRODITE ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Katherine Mountrakis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHERINE MOUNTRAKIS V.P.

4/18/01 727-934 3714
Date Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

04-25-2001 90374 031 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)