

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000075286

1. Entity Name

GH PARTNERSHIP HOLDINGS MLLA, INC.

FILED

May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90052 007 \*\*\*150.00

Principal Place of Business

Mailing Address

3627 UNIVERSITY BLVD. SOUTH  
STE. 840  
JACKSONVILLE FL 32216

3627 UNIVERSITY BLVD. SOUTH  
STE. 840  
JACKSONVILLE FL 32216-7404

2. Principal Place of Business

3599 University Blvd., S.

Suite, Apt. #, etc.

Suite B

City & State  
Jacksonville, FL

Zip  
32216

Country

3. Mailing Address

3599 University Blvd., S.

Suite, Apt. #, etc.

Suite B

City & State  
Jacksonville, FL

Zip  
32216

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3232800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GEIGER, ALLAN T  
1301 RIVERPLACE BLVD. SUITE 1500  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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

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, 2000 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 DC ☐ Delete  
NAME BROWN, J B MD  
STREET ADDRESS 3627 UNIVERSITY BLVD. SOUTH STE. 840  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE DP ☐ Delete  
NAME BAER, DOUGLAS M  
STREET ADDRESS 3627 UNIVERSITY BLVD. SOUTH STE. 840  
CITY-ST-ZIP JACKSONVILLE FL

TITLE DSTV ☐ Delete  
NAME REINSCHMIDT, TIMOTHY W.  
STREET ADDRESS 3627 UNIVERSITY BLVD. S.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3599 University Blvd., S., Suite B  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3599 University Blvd., S., Suite B  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3599 University Blvd., S., Suite B  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME Hutton, Donald H.  
STREET ADDRESS 3599 University Blvd., S., Suite B  
CITY-ST-ZIP Jacksonville, FL 32216

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

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

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00  
Date

904-858-7474  
Daytime Phone #

CR2E034 (9/99)