

2002 UNIFORM BUSINESS REPORT (UBR)

filed

DOCUMENT # **P93000075286**

1. Entity Name
GH PARTNERSHIP HOLDINGS MLLA, INC.

FILED
May 27, 2002 8:00 A.M.
Secretary of State

Principal Place of Business
**3599 UNIVERSITY BLVD. S.
STE. B
JACKSONVILLE FL 32216**

Mailing Address
**3599 UNIVERSITY BLVD. S.
STE. B
JACKSONVILLE FL 32216**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

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, 2002 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 STREET ADDRESS CITY-ST-ZIP	DC BROWN, J B MD 3599 UNIVERSITY BLVD., S., STE B JACKSONVILLE FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAER, DOUGLAS M 3599 UNIVERSITY BLVD., S., STE B JACKSONVILLE FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV REINSCHMIDT, TIMOTHY W. 3599 UNIVERSITY BLVD., S., STE B JACKSONVILLE FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTTON, DONALD H 3599 UNIVERSITY BLVD., S., STE B JACKSONVILLE FL 32216 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FIELDS, ZACHARY R. 4020 TURNBERRY CT. JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Douglas M. Baer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 904-858-7474
Date Daytime Phone #

CR2E034 (9/01)

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**GH Management, Inc.
CORPORATE OFFICERS
April, 2002**

**Title: D/P
Douglas M. Baer**

77 Tallwood Road, Jacksonville Beach, FL 32250

**Title: D/VP
Timothy W. Reinschmidt**

3599 University Blvd. Jacksonville Beach, FL 32216