

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000008094

1. Entity Name

GRWP, INC.

APPROVED
AND
FILED

00 MAY -2 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1101 N LAKE DESTINY DRIVE
SUITE 400
MAITLAND FL 32751

1101 N LAKE DESTINY DRIVE
SUITE 400
MAITLAND FL 32751-7119

2. Principal Place of Business

2221 Lee Road

3. Mailing Address

2221 Lee Road

Suite, Apt. #, etc.

Ste #28

Suite, Apt. #, etc.

Ste #28

City & State

Winter Park, FL

City & State

Winter Park, FL

4. FEI Number

59-3385480

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LECCESE, SALVADOR
1412 W COLONIAL DR
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name

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

2221 Lee Road, #28

City

Winter Park

FL

Zip Code

32789

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 ☐ Delete
NAME S
STREET ADDRESS DELGUIDICE, CHRISTOPHER
CITY-ST-ZIP 1101 N LAKE DESTINY DRIVE STE 400
MAITLAND FL 32751

TITLE ☐ Delete
NAME D
STREET ADDRESS LECCESE, SALVADOR
CITY-ST-ZIP 1412 W COLONIAL DR
ORLANDO 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 474 S. North Lake Blvd, Suite 1020
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2221 Lee Road, #28
CITY-ST-ZIP Winter Park, FL 32789

TITLE ☐ Change ☐ Addition
NAME 600003251746-2
STREET ADDRESS -05/15/00--01010--001
CITY-ST-ZIP ****843.75 ****158.75

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

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:

Salvador F. Leccese

Salvador F. Leccese

4/30/00

Date

407-645-5575

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)