

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002318

1. Entity Name

GRPP, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90002 034 ***158.75

Principal Place of Business

1101 NORTH LAKE DESTINY DRIVE
SUITE 400
MAITLAND FL 32751

Mailing Address

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

948032



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

474 S. North Lake Blvd

3. Mailing Address

2221 Lee Road

Suite, Apt. #, etc.

Suite 1020

City & State

Altamonte Springs, FL

Suite, Apt. #, etc.

Suite 28

City & State

City & State

Winter Park, FL

Zip

32701

Country

US

Zip

Zip

32789

Country

US

4. FEI Number

59-3421999

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELGUIDICE, CHRISTOPHER
1101 NORTH LAKE DESTINY DRIVE
SUITE 400
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

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

474 S. North Lake Blvd

Suite 1020

City

Altamonte Springs

FL

Zip Code

32701

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 PD
NAME DELGUIDICE, CHRISTOPHER
STREET ADDRESS 1101 NORTH LAKE DESTINY DRIVE, SUITE 400
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE DS
NAME LECESE, SALVADOR
STREET ADDRESS 2221 LEE RD SUITE 28
CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete

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
CITY-ST-ZIP

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

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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:

Christopher Delguidice
DELGUIDICE PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/07/00

Daytime Phone #

321-207-7000

407-660-6666

CR2E034 (9/99)