

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90009 002 \*\*\*150.00

0054660

**DOCUMENT # P98000020100**

1. Entity Name

**GROSSE POINTE DEVELOPMENT OF CENTRAL FLORIDA, IN**

Principal Place of Business

505 WEKIVA SPRINGS RD  
SUITE 800  
LONGWOOD FL 32779

Mailing Address

505 WEKIVA SPRINGS RD  
SUITE 800  
LONGWOOD FL 32779

**643400**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**242 Warren Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**242 Warren Avenue**

Suite, Apt. #, etc.

City & State

**Longwood, Florida 32759**

City & State

**Longwood, Florida 32750**

4. FEI Number

**59-3498318**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KEIDAISH, PHILIP F JR.  
505 WEKIVA SPRINGS RD  
SUITE 800  
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name

**John H. Brabb, III**

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

**242 Warren Avenue**

City

**Longwood**

**FL**

Zip Code  
**32750**

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

*John H. Brabb III*

**John H. Brabb III**

**4-19-2001**

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, 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 **D** ☒ Delete  
NAME **KEIDAISH, PHILIP F JR.**  
STREET ADDRESS **505 WEKIVA SPRINGS RD. SUITE 800**  
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **D** ☐ Delete  
NAME **BRABB, JOHN H**  
STREET ADDRESS **505 WEKIVA SPRINGS RD**  
CITY-ST-ZIP **LONGWOOD FL 32779**

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  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME **Brabb, John H**  
STREET ADDRESS **242 Warren Avenue**  
CITY-ST-ZIP **Longwood, Florida 32750**

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

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:

*John H. Brabb III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John H. Brabb III** **4/19/2001**

Date

Daytime Phone #

(407)  
682-  
5909

CR2E034 (10/00)