

2000 UNIFORM BUSINESS REPORT (UBR)

0352873

DOCUMENT # P98000042215

1. Entity Name

G-P NH6 LR II, INC.

FILED

00 APR 20 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2295 CORPORATE BOULEVARD, N.W. SUITE 222 BOCA RATON FL 33431	POST OFFICE BOX 5010 BOCA RATON FL 33431-0810



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3509370	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERRICK, NORTON C/O THE HERRICK COMPANY, INC. 2295 CORP. BLVD., N.W., SUITE 222 BOCA RATON FL 33431		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRICK, NORTON	NAME	700003230537-4
STREET ADDRESS	2295 CORP. BLVD., N.W., SUITE 222	STREET ADDRESS	-05/01/00--01020--001
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP	**11747.50 ****158.75
TITLE	VPAS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRICK, HOWARD	NAME	
STREET ADDRESS	20 COMMUNITY PL	STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07960	CITY-ST-ZIP	
TITLE	VPAS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRICK, MICHAEL	NAME	
STREET ADDRESS	20 COMMUNITY PL	STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07960	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: HOWARD HERRICK 4/17/00 561-241-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)