

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91023 001 11,745.50

DOCUMENT # P98000042275

1. Entity Name

G-P NH6 LR VIII, INC.

Principal Place of Business

2295 CORPORATE BOULEVARD, N.W.
SUITE 22
BOCA RATON FL 33431

Mailing Address

POST OFFICE BOX 5010
BOCA RATON FL 33431-0810

66544



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 65-0833715

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
HERRICK, NORTON
2295 CORP. BLVD., N.W., SUITE 222
BOCA RATON FL 33431 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
HERRICK, HOWARD
20 COMMUNITY PL
MORRISTOWN NJ 07960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
Herrick, Howard
2 Ridgedale Ave, Ste 370
Cedar Knolls NJ 07927 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
HERRICK, MICHAEL
20 COMMUNITY PL
MORRISTOWN NJ 07960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
Herrick, Michael
2 Ridgedale Ave, Ste 370
Cedar Knolls NJ 07927 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
Kermalli, Nisar
2 Ridgedale Ave, Ste 370
Cedar Knolls NJ 07927 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
Klein, Robert
2 Ridgedale Ave, Ste 370
Cedar Knolls NJ 07927 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)