

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056616

1. Entity Name

GREV, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90119 038 ***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

2. Principal Place of Business

474 S. North Lake Blvd

3. Mailing Address

2221 Lee Road

Suite, Apt. #, etc.

Suite 1020

Suite, Apt. #, etc.

Suite 28

City & State

Altamonte Springs, FL

City & State

Winter Park, FL

Zip

32701

Country

US

Zip

32789

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3523342

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

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

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: ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DS** ☐ Delete
 NAME **LECCSE, SALVADOR F**
 STREET ADDRESS **2221 LEE RD**
 CITY-ST-ZIP **WINTER PARK FL**

TITLE **V/S** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2221 Lee Road, Suite 28**
 CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **DP** ☐ Delete
 NAME **DELGUIDICE, CHRISTOPHER**
 STREET ADDRESS **1101 N. LAKE DESTINY DR., SUITE 400**
 CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00
 Date

407-645-5575
 Daytime Phone #

CR2E034 (9/99)