

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060431

1. Entity Name
GRLL, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90018 008 ***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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
474 S. North Lake Blvd
Suite, Apt. #, etc.
Suite 1020

3. Mailing Address
2221 Lee Road
Suite, Apt. #, etc.
Suite 28

City & State
Altamonte Springs, FL

City & State
Winter Park, FL

4. FEI Number 59-3523358
Applied For
Not Applicable

Zip Country
32701 US

Zip Country
32789 US

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	P	<input type="checkbox"/> Delete
NAME	DELGUIDICE, CHRISTOPHER	
STREET ADDRESS	1101 NORTH LAKE DESTINY DR., SUITE 400	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	S	<input type="checkbox"/> Delete
NAME	LECCSE, SALVADOR F	
STREET ADDRESS	2221 LEE RD	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	474 S. North Lake Blvd, Suite 1020	
STREET ADDRESS	Altamonte Springs, FL	
CITY-ST-ZIP	32701	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2221 Lee Road, Suite 28	
STREET ADDRESS	Winter Park, FL	
CITY-ST-ZIP	32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Pres 1-05-00 321-207-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)