

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90052 008 ***150.00

DOCUMENT # S59481

1. Entity Name
GH PARTNERSHIP HOLDINGS PPA, INC.

Principal Place of Business UNIVERSITY BLVD. SOUTH SUITE 840 JACKSONVILLE FL 32216	Mailing Address 3627 UNIVERSITY BLVD. SOUTH SUITE 840 JACKSONVILLE FL 32216-7404
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3599 University Blvd., S. Suite, Apt. #, etc. Suite B	3. Mailing Address 3599 University Blvd., S. Suite, Apt. #, etc. Suite B
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32216	Country
Zip 32216	Country

4. FEI Number 59-3075439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GEIGER, ALLAN T
 1301 RIVERPLACE BLVD. SUITE 1500
 ROGERS, TOWERS, BAILEY, JONES & GAY
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BROWN, J. BROOKS 3627 UNIVERSITY BLVD. S. JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV REINSCHMIDT, TIMOTHY W. 3627 UNIVERSITY BLVD. S. JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAER, DOUGLAS M. 3627 UNIVERSITY BLVD. SO JACKSONVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3599 University Blvd., S., Ste. B
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3599 University Blvd., S., Ste. B
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3599 University Blvd., S., Ste. B
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Hutton, Donald H. 3599 University Blvd., S., Ste. B Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 register 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 the empowered.

SIGNATURE: **SIGNATURE REQUIRED** 4/21/00 Date 904-858-7474 Daytime Phone #

CR2E034 (9/99)