

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000007686**

1. Entity Name

**GRANT ALLIANCE, LLC**

FILED  
Aug 01 2000 8:00 am  
Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business

975 BROADWAY  
DUNEDIN FL 34698

Mailing Address

975 BROADWAY  
DUNEDIN FL 34698

2. Principal Place of Business

1035 Broadway  
Suite, Apt. #, etc.

3. Mailing Address

1035 Broadway  
Suite, Apt. #, etc.

City & State  
Dunedin Florida

City & State  
Dunedin Florida

4. FEI Number  
59-3611867

Applied For  
 Not Applicable

Zip  
34698

Country  
USA

Zip  
34698

Country  
USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CACCIOTTI, TONY  
1035 BROADWAY  
DUNEDIN FL 34698

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

4000003349954--8  
-08/08/00--01093--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Manager	Tony Cacciotti	1035 Broadway	Dunedin FL, 34698	<input type="checkbox"/>
Manager	Rosalia Cacciotti	1035 Broadway	Dunedin FL, 34698	<input type="checkbox"/>
Manager	Gabriella Mullins	1035 Broadway	Dunedin FL, 34698	<input type="checkbox"/>
Manager	Nat Cacciotti	1035 Broadway	Dunedin FL 34698	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Tony Cacciotti*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7-25-00 (727) 733 3228  
Date Daytime Phone #

CR2E083 (5/00)