

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725304

1. Entity Name

GATELAND VILLAGE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

GUARANTEE MANAGEMENT SERVICES, INC.  
111 FONTAINEBLEAU BLVD  
MIAMI FL 33172  
US

GUARANTEE MANAGEMENT SERVICES, INC.  
111 FONTAINEBLEAU BLVD  
MIAMI FL 33172  
US

2. Principal Place of Business

7200 NW 7th Street

Suite, Apt. #, etc.

# 300

City & State Miami, FL

Zip

33126

Country

3. Mailing Address

7200 NW 7th Street

Suite, Apt. #, etc.

Suite # 300

City & State Miami, FL

Zip

33126

Country

4. FEI Number

59-1690121

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

Guarantee Management Services  
7200 N.W. 7th Street, Suite 300  
Miami, Florida 33126-6129

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                            |
|----------------|--------------------------------------------|
| TITLE          | <input checked="" 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    |                                            |
| TITLE          | <input type="checkbox"/> Delete            |
| NAME           |                                            |
| STREET ADDRESS |                                            |
| CITY-ST-ZIP    |                                            |
| TITLE          | <input type="checkbox"/> Delete            |
| NAME           |                                            |
| STREET ADDRESS |                                            |
| CITY-ST-ZIP    |                                            |

|                |                        |                                                                              |
|----------------|------------------------|------------------------------------------------------------------------------|
| TITLE          | PLS BURRATATO JOHN     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 3777 NW 78 Ave. # 3H   |                                                                              |
| STREET ADDRESS | Hollywood, FL 33024    |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          | V. Pres.               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MILLER GREGORY         |                                                                              |
| STREET ADDRESS | 3777 NW 78 Ave. # 3-C  |                                                                              |
| CITY-ST-ZIP    | Hollywood, FL 33024    |                                                                              |
| TITLE          | Sec                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | DAWKINS, PAMELA A.     |                                                                              |
| STREET ADDRESS | 3777 NW 78 Ave. # 10-A |                                                                              |
| CITY-ST-ZIP    | Hollywood, FL 33024    |                                                                              |
| TITLE          | SEAS!                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CIESLAR ROSEMARIE      |                                                                              |
| STREET ADDRESS | 3777 NW 78 Ave. # 2-G  |                                                                              |
| CITY-ST-ZIP    | Hollywood, FL 33024    |                                                                              |
| TITLE          | DIR.                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | BLANK WILLIAM          |                                                                              |
| STREET ADDRESS | 3777 NW 78 Ave. # 1-B  |                                                                              |
| CITY-ST-ZIP    | Hollywood, FL 33024    |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of William Blank*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED  
May 28, 2002 8:00 am  
Secretary of State

05-03-2002 90017 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2037 (9/01)