

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 08:00 AM
Secretary of State

DOCUMENT # L01832

1. Entity Name
 GMDC, INC.

| | | | |
|--|----|--|----|
| Principal Place of Business 2640 GOLDEN GATE PKWY SUITE 315 NAPLES 33942 US | FL | Mailing Address 2640 GOLDEN GATE PKWY SUITE 315 NAPLES 33942 US | FL |
|--|----|--|----|

| | |
|---|---|
| 2. Principal Place of Business 2640 GOLDEN GATE PKWY | 3. Mailing Address 2640 GOLDEN GATE PKWY |
| Suite, Apt. #, etc. SUITE 305 | Suite, Apt. #, etc. SUITE 305 |

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------|------------------------------|
| City & State NAPLES FL | City & State NAPLES FL |
|------------------------------|------------------------------|

| | |
|------------------------------------|--|
| 4. FEI Number 65-0134873 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

| | | | |
|--------------|---------------|--------------|---------------|
| Zip 34105 | Country US | Zip 34105 | Country US |
|--------------|---------------|--------------|---------------|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY CHARLES M. JR.
 2640 GOLDEN GATE PARKWAY
 SUITE 315
 NAPLES
 33942
 US

7. Name and Address of New Registered Agent

Name
 KELLY CHARLES M. JR.
 Street Address (P.O. Box Number is Not Acceptable)
 2640 GOLDEN GATE PARKWAY
 SUITE 305
 City
 NAPLES
 FL
 Zip Code
 34105

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 _____ DATE **09/13/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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 | D | <input type="checkbox"/> Delete | |
| NAME | DEVOE, DONALD P. | | |
| STREET ADDRESS | 4100 TAMiami TRAIL NORTH | | |
| CITY-ST-ZIP | NAPLES | FL | |
| TITLE | D | <input type="checkbox"/> Delete | |
| NAME | FICKEY, CASEY G. | | |
| STREET ADDRESS | 4100 TAMiami TRAIL NORTH | | |
| CITY-ST-ZIP | NAPLES | FL | |
| TITLE | D | <input type="checkbox"/> Delete | |
| NAME | DEVOE, MARK A. | | |
| STREET ADDRESS | 4100 TAMiami TRAIL NORTH | | |
| CITY-ST-ZIP | NAPLES | FL | |
| TITLE | D | <input type="checkbox"/> Delete | |
| NAME | DEVOE, GARY R. | | |
| STREET ADDRESS | 4100 TAMiami TRAIL NORTH | | |
| CITY-ST-ZIP | NAPLES | FL | |
| 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 | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DEVOE, DONALD P. | | |
| STREET ADDRESS | 4100 TAMiami TRAIL NORTH | | |
| CITY-ST-ZIP | NAPLES | FL | 34103 |
| TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FICKEY, CASEY G. | | |
| STREET ADDRESS | 4100 TAMiami TRAIL NORTH | | |
| CITY-ST-ZIP | NAPLES | FL | 34103 |
| TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DEVOE, MARK A. | | |
| STREET ADDRESS | 4100 TAMiami TRAIL NORTH | | |
| CITY-ST-ZIP | NAPLES | FL | 34103 |
| TITLE | D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DEVOE, GARY R. | | |
| STREET ADDRESS | 4100 TAMiami TRAIL NORTH | | |
| CITY-ST-ZIP | NAPLES | FL | 34103 |
| 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: MARK A. DEVOE D 09/13/2000