2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 SEP 10 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000035564

1. Entity Name

GF/Orlando, Inc.

(4)

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
920 West Kennedy Blvd.	3575 Piedmont Road, NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	15 Piedmont Ctr., Ste. 930
City & State: Orlando, FL	City & State: Atlanta, GA
Zip: 32810 Country: US	Zip: 30305 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 58-2550001 ☐ 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
Frank E. Maloney 5 West Macclenny Ave. Macclenny, FL 32063	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
After September 12, 2001 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres/Director Grove, Gregory K. 15 Piedmont Ctr., Suite 930 Atlanta, GA 30305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Director Weisel, Eric I. 15 Piedmont Ctr., Suite 930 Atlanta, GA 30305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800004594598--9 -09/17/01--01120--006 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/Director Bass, C. Willis 15 Piedmont Ctr., Suite 930 Atlanta, GA 30305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DeLozier, Arthur C. 15 Piedmont Ctr., Suite 930 Atlanta, GA 30305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (5/01)

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: Arthur C. DeLozier, VP 9/4/01 404-233-6500