

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90068 027 \*\*\*\*61.25

**DOCUMENT # NO1000006886**

1. Entity Name

**GULF OF MEXICO STATES PARTNERSHIP, INC.**

933224



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O HENDRY, STONER, SAWICKI & BROWN, P.A. 200 E. ROBINSON ST., STE. 500 ORLANDO FL 32801-1956	C/O HENDRY, STONER, SAWICKI & BROWN, P.A. 200 E. ROBINSON ST., STE. 500 ORLANDO FL 32801-1956

2. Principal Place of Business <i>C/O Hendry, Stoner, Delancett &amp; Brown, P.A.</i>	3. Mailing Address <i>C/O Hendry, Stoner, Delancett &amp; Brown, P.A.</i>
Suite, Apt. #, etc. <i>BROWN, P.A.</i>	Suite, Apt. #, etc. <i>BROWN, P.A.</i>

City & State	City & State	4. FEI Number <b>59-3747735</b>	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA CORPORATE SUPPORT, INC.**  
**C/O HENDRY, STONER, SAWICKI & BROWN, P.A.**  
**200 E. ROBINSON ST., STE. 500**  
**ORLANDO FL 32801-1956**

7. Name and Address of New Registered Agent

Name  
**HENDRY, STONER, DELANCETT & BROWN, P.A.**  
 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.

**HENDRY, STONER, DELANCETT & BROWN, P.A.**

SIGNATURE BY: *[Signature]* DATE: *2/18/02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SPRINGER, GARY L</b>
STREET ADDRESS	<b>1930 DOLPHIN BLVD. S.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33707</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HERZSTEIN, ROBERT</b>
STREET ADDRESS	<b>655 15TH ST. NW</b>
CITY-ST-ZIP	<b>WASHINGTON DC 20005</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HENDRY, ROBERT R</b>
STREET ADDRESS	<b>200 E. ROBINSON ST., STE. 500</b>
CITY-ST-ZIP	<b>ORLANDO FL 32801-1956</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<b>C/D</b> <input checked="" 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	
TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SUAREZ-MIER, MANUEL</b>
STREET ADDRESS	<b>JAIME BALMES 14, Edif. D, Piso 2 Col. Los Morales Polanco</b>
CITY-ST-ZIP	<b>MEXICO D.F. 11515, MEXICO</b>
TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>POTTER, Phillip</b>
STREET ADDRESS	<b>717 D Street, Suite 310</b>
CITY-ST-ZIP	<b>Washington, D.C. 20004</b>
TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Lipton, MARY ELLEN</b>
STREET ADDRESS	<b>15123 mussellsheil drive</b>
CITY-ST-ZIP	<b>NEW Port Richey, FL 34655</b>

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]* **SIGNATURE REQUIRED GARY L. SPRINGER 2/20/02 727-409-3354**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Attachment  
933224

**2002 UNIFORM BUSINESS REPORT (continued)**  
**DOCUMENT # N01000006886**  
**GULF OF MEXICO STATES PARTNERSHIP, INC.**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	D	Addition
Name	McKay, Benjamin J.	
Street Address	The Capitol, PL-2	
City - St - Zip	Tallahassee, Florida 32396-0250	

Title	D	Addition
Name	Ludwig, Richard	
Street Address	702 N. Franklin Street	
City - St - Zip	Tampa, Florida 33602	

Title	D	Addition
Name	Ruiz, Marco Miguel Munoz	
Street Address	Blvd. M. Avila Camacho No. 201	
Street Address	Col. Flores Magon C.P. 91900	
City - St - Zip	Veracruz, Ver. Mexico	

Title	D	Addition
Name	Hodson, John	
Street Address	4202 East Fowler Avenue, BSN 3403	
City - St - Zip	Tampa, Florida 33620-5500	