## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

## FILED DOCUMENT # **P93000038573** Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** THE GREAT SIERRA GROUP, INC. 03-28-2000 90069 023 \*\*\*150.00 Principal Place of Business Mailing Address P. O. BOX 820093 13903 NW 67TH AVE. S. FLORIDA FL 33092-0093 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0415857 Not Applicable Żip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NEUHART, GEORGE Street Address (P.O. Box Number is Not Acceptable) 774 N.W. 155 TERRACE PEMBROKE PINES FL; 33028 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees $\Box$ (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Delete TITLE TITLE NAME NAME NEUHART, LISA A 1 Matrick Court STREET ADDRESS STREET ADDRESS 739 LANEING RD Bellemend, NJ 08501 CITY-ST-ZIP CITY-ST-7IP WOODBURY NJ ☐ Addition TITLE Delete TITLE NAME NAME NEUHART, BRIAN K 1 Matrick Court Bellemead, NJ 08501 STREET ADDRESS STREET ADDRESS 739 LANCIN RD CITY-ST-7IP CITY-ST-ZIP WOODBURY NJ ☐ Addition ☐ Detete TITLE TITLE NAME **NEUHART, GEORGE** NAME STREET ADDRESS STREET ADDRESS 774 NW 155TH TERR CITY-ST-ZIP CITY-ST-ZIP <u>Pembroke Pines Fl</u> TITLE ☐ Delete TITLE Change ☐ Addition NAME HANELY, PETER O STREET ADDRESS STREET ADDRESS 1501 GREENVILLE HWY CITY-ST-ZIP CITY-ST-ZIP HENDERSONVILLE SC Delete TITLE Change Addition TITLE NAME GRENANDER, KAREN NAME STREET ADDRESS STREET ADDRESS 15825 SW 3 COURT #202 CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME OXLEY, ILEANA STREET ADDRESS STREET ADDRESS 16321 NW 111TH ST CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL 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