

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90442 019 ***158.75

UNSH240

DOCUMENT # P93000038573

1. Entity Name
THE GREAT SIERRA GROUP, INC.

Principal Place of Business 13903 NW 67TH AVE. 210 MIAMI LAKES FL 33014 US	Mailing Address P. O. BOX 820093 S. FLORIDA FL 33082-3096 US
---	--

00043612



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number **65-0415857**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**NEUHART, GEORGE
 774 N.W. 155 TERRACE
 PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 re-registering.) DATE

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, 2001 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 NAME STREET ADDRESS CITY-STATE-ZIP	V NEUHART, LISA A 1 MATRICK COURT- BELLE MEAD NJ 08502 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T NEUHART, BRIAN K 1 MATRICK COURT BELLE MEAD NJ 08502 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P NEUHART, GEORGE 774 NW 155TH TERR PEMBROKE PINES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V HANELY, PETER O 1501 GREENVILLE HWY HENDERSONVILLE SC <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S OXLEY, ILEANA 16321 NW 111TH ST PEMBROKE PINES FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15359 NW 7th St Pembroke Pines, FL 33028
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15359 NW 7th St Pembroke Pines, FL 33028
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Phyllis Neuhart 774 NW 155th Ter Pembroke Pines, FL 33028
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: George Neuhart **George Neuhart** **4/19/01** **305-822-8611**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitally Signed

CR2E034 (10/00)