

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90117 005 ***150.00

DOCUMENT # P95000033111

1. Entity Name
GMRI CANADA, INC.

Principal Place of Business Mailing Address
5900 LAKE ELLENOR DR. **5900 LAKE ELLENOR DR.**
ORLANDO FL 32809 **ORLANDO FL 32809-4634**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

00031645



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3312030** 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, LAWRENCE W	NAME	
STREET ADDRESS	5900 LAKE ELLENOR DR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	
TITLE	SVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTIS, CLARENCE J	NAME	
STREET ADDRESS	5900 LAKE ELLENOR DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	
TITLE	PSV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES D.—	NAME	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAISANT, ROBERT F.	NAME	
STREET ADDRESS	6100 LAKE ELLENOR DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32809	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULEY, E. CHARLENE	NAME	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GEORGE T.	NAME	
STREET ADDRESS	5900 LAKE ELLENOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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: Patrick Harrigan 2/21/00 407.245.5542
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)