## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000103943  1. Entity Name  GC SERVICES OF ORLANDO, INC.					Mar 20, 2000 8:00 am Secretary of State 03-20-2000 90134 005 ***150.00			
Principal Plac 1504 GOLFPOIN WINTER SPRINC	IT COURT	Mailing Address 1504 GOLFPOINT COURT WINTER SPRINGS FL 32708-5929						
2. Principal P Suite, Apt.	lace of Business	3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	9	City & State			4. FEI Number 59		<del></del>	plied For
Zip	Country	Zip	Cou	untry	5. Certificate of Statu		\$8.75 Addi	
	6. Name and Address of Current	Registered Age	nt	Name	7. Name and Addres	s of New Registered	Agent	
BROOOKS, CHARLES C SR 1504 GOLFPOINT COURT WINTER SPRINGS FL 32708				L	s (P.O. Box Number is Not	Acceptable)		
141141	TEN OF HINGO I E GETOU			City	<u> </u>	FL	Zıp Code	
Tax filing r	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	e F After Make Cl	ILE NOW!!! FEI MAY 1, 2000 Fe neck Payable to I	e will be \$550.00 Department of S	10. Election Ca Trust Fund	DATE ampaign Financing Contribution.	Ädded	May Be to Fees
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROOKS, JR CHARLES C 1504 GOLFPOINT COURT WINTER SPRGS FL	<del></del>	N/ S1	TLE AME REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS  Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINTER OF HOOTE		NA ST	TLE AME REET ADDRESS TY-ST-ZIP			☐ Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			N/	TLE  AME  REET ADDRESS  TY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			N#	TLE AME REET ADDRESS TY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS GRY-ST-ZIP			N/ ST	TLE AME REET ADDRESS TY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	of Attended	· 'C.\ .		TLE AME REET ADDRESS TY-ST-ZIP			Change	Addition

13. Thereby certify that the information supplied with this filling 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407366-9249

LII LD

Daytime Phone #