

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90058 037 ***150.00

80037464

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000043349
1. Entity Name
 GMRI Resupply Warehouse Company

Principal Place of Business **Mailing Address**
 5900 Lake Ellenor Drive 5900 Lake Ellenor Drive
 Orlando, FL 32809 Orlando, FL 32809

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

4. FEI Number **Applied For**
 59-3450558 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Corporation Service Company
 1201 Hays St.
 Tallahassee, FL 32302-2525

7. Name and Address of New Registered Agent
 Name
 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	D	<input type="checkbox"/> Delete
NAME	James D. Smith	
STREET ADDRESS	5900 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	P	<input type="checkbox"/> Delete
NAME	Valerie Insignares	
STREET ADDRESS	5900 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	S	<input type="checkbox"/> Delete
NAME	James O. McIntosh	
STREET ADDRESS	6000 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	T	<input type="checkbox"/> Delete
NAME	Robert F. Faisant	
STREET ADDRESS	6100 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	Asst. Treas.	<input type="checkbox"/> Delete
NAME	Patrick Harrigan	
STREET ADDRESS	6100 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input 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		<input 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		

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 Patrick Harrigan 3/1/2000 (407) 245-5542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)