

**2000 UNIFORM BUSINESS REPORT (UBR)**

8/27/2000 11:00 AM

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90007 045 \*\*\*558.75

**DOCUMENT # P97000102735**

1. Entity Name  
**GGAM, INC.**

Principal Place of Business  
**4780 PINE RIDGE RD EAST  
 NAPLES FL 34109  
 US**

Mailing Address  
**POST OFFICE BOX 990009  
 NAPLES FL 34116**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3504078**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**KELLY, CHARLES M JR  
 2640 GOLDEN GATE PARKWAY  
 SUITE 315  
 NAPLES FL 34105-3203**

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 *GABRIEL D DEJONG*

**JULY 29, 2000**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

**SEP 15, 2000** **352 2244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EX14 15700

Attachment Doc # P97000102735

**KELLY & PASSIDOMO, LLP**  
ATTORNEYS AT LAW

GREY OAKS BUILDING  
IN POINCIANA PROFESSIONAL PARK  
SUITE 305  
2640 GOLDEN GATE PARKWAY  
NAPLES, FLORIDA 34105-3203

**Charles M. Kelly, Jr.**  
Board Certified Tax Lawyer  
Board Certified Wills, Trusts  
and Estates Lawyer  
Master of Laws in Estate Planning  
Certified Public Accountant

**Kathleen C. Passidomo**  
Board Certified Real Estate Lawyer

**TELEPHONE**  
(941) 261-3453

**TELECOPIER**  
(941) 261-5711

**David A. Alba**  
Also Admitted in California

**Robert A. Enright, III**  
Also Admitted in Georgia  
Also Admitted in Tennessee

**Bradford B. Gornto**  
Master of Laws in Taxation

September 15, 2000

DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

**Re: GGAM, INC.**  
**REFERENCE #: P97000102735**

Dear Sir or Madam:

As the corporation's tax advisor's, we are responding to your letter dated September 3, 2000, copy enclosed.

The director of the corporation incorrectly signed the return on line 8. Enclosed is a copy of the Report with his signature on Line 13. The registered agent is **not** being changed.

Should you have any questions or need anything further, please do not hesitate to contact me.

Sincerely,



David A. Alba

Enclosures

k:FL annl report 9 00.wpd

*[Faint, mostly illegible text, possibly bleed-through from the reverse side of the page]*