

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90342 025 \*\*\*158.50

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P97000102735**

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

Seq  
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 0

**C0068575**

Principal Place of Business      Mailing Address  
**1780 PINE RIDGE RD EAST      POST OFFICE BOX 89000**  
**NAPLES FL 34109      NAPLES FL 34116**  
**US**



DO NOT WRITE IN THIS SPACE

|                                |         |                    |         |  |  |                                |  |
|--------------------------------|---------|--------------------|---------|--|--|--------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address |         | 4. FEI Number <b>59-3504078</b>                                      |  | ADDED FOR<br>Not Applicable    |  |
| Sub. Act. F. no.               |         | Sub. Act. F. no.   |         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> |  | \$6.75 Additional Fee Required |  |
| City & State                   |         | City & State       |         | 6. Certificate of Status Desired <input checked="" type="checkbox"/> |  | \$6.75 Additional Fee Required |  |
| Zip                            | Country | Zip                | Country |  |  |                                |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 8. Name and Address of Current Registered Agent  |  |  |  | 9. Name and Address of Non-Registered Agent   |  |  |  |
| <b>KELLY, CHARLES M JR</b><br><b>2640 GOLDEN GATE PARKWAY</b><br><b>SUITE 915</b><br><b>NAPLES FL 34105-3203</b> |  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |  |

10. The above named person is authorized to execute this report for the purpose of opening, maintaining, or changing office or registered agent, or both, in the State of Florida.

SIGNATURE: *[Signature]*      **JULY 29, 2000**

*April 30, 2001*

11. This corporation is eligible to satisfy its Intangible Tax filing requirement and elect to do so.  **FILE NOW!!! FEE IS \$250.00**  
 After SEPTEMBER 13, 2000 FEE will be \$750.00  
 Make Check Payable to Department of State

12. Election Campaign Financing True Fund Contribution.  **\$5,000 may be Added to Fee**

| 11. OFFICERS AND DIRECTORS |                              | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |      |
|----------------------------|------------------------------|---|------|
| TITLE                      | NAME                         | TITLE   | NAME |
| PO                         | <b>DEJONG, GABRIEL D</b>     |   |      |
| STREET ADDRESS             | <b>POST OFFICE BOX 89000</b> |   |      |
| CITY-ST-ZIP                | <b>NAPLES FL 34116</b>       |   |      |
| TITLE                      |                              |   |      |
| NAME                       |                              |   |      |
| STREET ADDRESS             |                              |   |      |
| CITY-ST-ZIP                |                              |   |      |
| TITLE                      |                              |   |      |
| NAME                       |                              |   |      |
| STREET ADDRESS             |                              |   |      |
| CITY-ST-ZIP                |                              |   |      |
| TITLE                      |                              |   |      |
| NAME                       |                              |   |      |
| STREET ADDRESS             |                              |   |      |
| CITY-ST-ZIP                |                              |   |      |

13. I hereby certify that the information supplied with this filing complies with the information required in Section 118.07(2)(b), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my signature and name have the same legal effect as if made under oath; that I am an officer or director of the corporation or a person authorized to execute this report; that I am a resident of the State of Florida; and that my name appears in Section 11 or Block 12 if changed, or on an attachment with an address, name or other file information.

SIGNATURE: *[Signature]*      **SEP 15, 2000**      **352 2744**