## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P99000110990 1. Entity Name T&G INVESTMENT PARTNERS, INC. 04-24-2001 90304 019 \*\*\*150.00 Mailing Address Principal Place of Business 7131 GRAND NATIONAL DRIVE 7131 GRAND NATIONAL DRIVE 00040404 SUITE 106 SUITE 106 ORLANDO FL 32819 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3615114 Not Applicable Country Zip Country **\$8.75** Additional П 5. Certificate of Status Desired Fee Required \_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOODS, JONATHAN D Street Address (P.O. Box Number is Not Acceptable) 15 WEST CHURCH STREET SUITE 201 ORLANDO FL 32801 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE D NAME NAME GONZALEZ, RICARDO H STREET ADDRESS 7131 GRAND NATIONAL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME WRIGHT, MICHAEL T STREET ADDRESS STREET ADDRESS 7131 GRAND NATIONAL DRIVE CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32819 Change ☐ Addition Delete TITLE. TITLE NAME NAME GRABOSKY, DAVID M STREET ADDRESS STREET ADDRESS 7131 GRAND NATIONAL DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition TITI F NAME NAME STREET ADDRESS 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 supplement, 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE AND

ss, with all other like empowered.