

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90120 049 \*\*\*150.00

**DOCUMENT #328176**

1. Entity Name  
**GMRI, INC.**



Principal Place of Business  
**C/O TAX DEPARTMENT  
5900 LAKE ELLENOR DR  
ORLANDO, FL 32809 US**

Mailing Address  
**5900 LAKE ELLENOR DRIVE  
2ND FLOOR CORP TAX  
ORLANDO, FL 3285-330 US**

**90056551**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1219168</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

5. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when resigning)

DATE

<p><b>FILE NOW! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OTIS, CLARENCE 5900 ALEK ELLENOR DRIVE ORLANDO, FL <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	V WALSH, RICHARD J. 5900 LAKE ELLENOR DR ORLANDO, FL 32809 <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	DP SMITH, JAMES D. 5900 LAKE ELLENOR DR ORLANDO, FL 32809 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DP Burns, Laurie 5900 Lake Ellenor Drive Orlando, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAISANT, ROBERT F. 5900 LAKE ELLENOR DRIVE ORLANDO, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Harrigan, Patrick 6100 Lake Ellenor Drive Orlando, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WILLIAMS, GEORGE T. 5900 LAKE ELLENOR DR ORLANDO, FLORIDA 0, <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	V HELSEL, STEPHEN E 6100 LAKE ELLENOR DR. ORLANDO, FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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

3/14/03  
Date

407.245.5542  
Daytime Phone #

CFR2034 (10/02)