

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 328176

1. Entity Name

GMRI, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90117 004 ***150.00

Principal Place of Business

Mailing Address

C/O TAX DEPARTMENT
5900 LAKE ELLENOR DR
ORLANDO FL 32809
US

PO BOX 59330
2ND FLOOR CORP TAX
ORLANDO FL 3285-
US

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

59-1219168

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VT ☐ Delete
NAME OTIS, CLARENCE
STREET ADDRESS 5900 ALEK ELLENOR DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME WALSH, RICHARD J.
STREET ADDRESS 5900 LAKE ELLENOR DR
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME SMITH, JAMES D.
STREET ADDRESS 5900 LAKE ELLENOR DR
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME FAISANT, ROBERT F.
STREET ADDRESS 5900 LAKE ELLENOR DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME WILLIAMS, GEORGE T.
STREET ADDRESS 5900 LAKE ELLENOR DR
CITY-ST-ZIP ORLANDO, FLORIDA 0

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HELSEL, STEPHEN E
STREET ADDRESS 6100 LAKE ELLENOR DR.
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ 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: *Robert F. Faisant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert F. Faisant

2/21/00

Date

407.245.5542

Daytime Phone #

CR2E034 (9/99)