

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90307 027 ***150.00

DOCUMENT #	328176
1. Entity Name	GMRI, Inc. ✓

DO NOT WRITE IN THIS SPACE

818024

2. Principal Place of Business c/o Tax Dept.	3. Mailing Address 5900 Lake Ellenor Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Orlando, FL 32809	City & State Orlando, FL 32809
Zip 32809	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1219168	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name Corporation Service Co.
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St.
Tallahassee, FL 32301-2525
City Tallahassee FL Zip Code 32301

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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE PD	NAME Laurie Burns	TITLE	NAME
STREET ADDRESS 5900 Lake Ellenor Drive	CITY-ST-ZIP Orlando, FL 32809	STREET ADDRESS	CITY-ST-ZIP
TITLE SV	NAME George T. Williams	TITLE	NAME
STREET ADDRESS 6000 Lake Ellenor Drive	CITY-ST-ZIP Orlando, FL 32809	STREET ADDRESS	CITY-ST-ZIP
TITLE TV	NAME William R. White, III	TITLE	NAME
STREET ADDRESS 6100 Lake Ellenor Drive	CITY-ST-ZIP Orlando, FL 32809	STREET ADDRESS	CITY-ST-ZIP
TITLE SVP	NAME Richard J. Walsh	TITLE	NAME
STREET ADDRESS 5900 Lake Ellenor Drive	CITY-ST-ZIP Orlando, FL 32809	STREET ADDRESS	CITY-ST-ZIP
TITLE V	NAME Robert F. Faisant	TITLE	NAME
STREET ADDRESS 6100 Lake Ellenor Drive	CITY-ST-ZIP Orlando, FL 32809	STREET ADDRESS	CITY-ST-ZIP
TITLE Ast. T/S	NAME Patrick Harrigan	TITLE	NAME
STREET ADDRESS 6100 Lake Ellenor Drive	CITY-ST-ZIP Orlando, FL 32809	STREET ADDRESS	CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **1/18/02** **407.245.5542**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)