

2000 UNIFORM BUSINESS REPORT (UBR)

0401735

DOCUMENT # 499905

1. Entity Name
OLD GGI, INC.

FILED

00 MAR 21 PM 2:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
3910 U.S. HWY 301 N. 501 E. KENNEDY SUITE 1700
STE. #140 TAMPA FL 33602-5239
TAMPA FL 33619 US
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1663160** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HUMPHRIES, J B
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602**

7. Name and Address of New Registered Agent
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 _____ (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 Delete
NAME **AS HUMPHRIES, J.BOB**
STREET ADDRESS **501 E. KENNEDY**
CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
NAME
STREET ADDRESS **500003184215--1**
CITY-ST-ZIP **-03/27/00--01003--009**

TITLE Delete
NAME **DP SCHERER, J. CHRIS**
STREET ADDRESS **2535 SUCCESS DRIVE**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE Change Addition
NAME ******150.00**
STREET ADDRESS ******150.00**
CITY-ST-ZIP

TITLE Delete
NAME **DST BAKER, RICHARD W**
STREET ADDRESS **2535 SUCCESS DRIVE**
CITY-ST-ZIP **ODESSA FL 33556**

TITLE Change Addition
NAME **D/P/S/T BAKER, RICHARD W.**
STREET ADDRESS **2535 Success Drive**
CITY-ST-ZIP **Odessa, FL 33556**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 (813) 222-1173

Date Daytime Phone #

J. Bob Humphries, Assistant Secretary

LS

CR2E034 (9/99)