

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90066 044 ***150.00

0023135

DOCUMENT # 605615

1. Entity Name
G.A.M. PROPERTIES, INC.

Principal Place of Business 8745 BELLE RIVE BV JACKSONVILLE FL 32256 US	Mailing Address 8745 BELLE RIVE BV JACKSONVILLE FL 32256 US
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00034808



DO NOT WRITE IN THIS SPACE

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 59-1030403	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WATSON, KEITH
 6825 LILLIAN RD
 JACKSONVILLE FL 32211**

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, 2001 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 NAME STD MICHAELS, ARNOLD J	<input type="checkbox"/> Delete
STREET ADDRESS 8873 BELLE RIVE BOULEVARD	
CITY-ST-ZIP JACKSONVILLE, FL 00000 32256	
TITLE NAME PD ROSENBERG, GERTRUDE S	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8745 BELLE RIVE BLVD	
CITY-ST-ZIP JACKSONVILLE, FL 00000	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME PD Jerald Rosenberg	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8745 Belle Rive Blvd	
CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE NAME PD Arnold Michaels	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8873 Belle Rive Blvd	
CITY-ST-ZIP JACKSONVILLE, FL 32256	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **STD Arnold J. Michaels** **704-259-0882**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)