

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714735

1. Entity Name

THE GATHERING INTERNATIONAL INC.

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

04-04-2000 90056 050 ****70.00

Principal Place of Business
4057 BOUGAINVILLE RD.
BOYNTON BEACH FL 33436
US

Mailing Address
4057 BOUGAINVILLE RD.
BOYNTON BEACH FL 33436-2605
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0940572** 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

7. Name and Address of New Registered Agent

FRIESEN, LAWRENCE J
4057 BOUGAINVILLE RD
BOYNTON BEACH FL 33436

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRIESEN, LAWRENCE J	
STREET ADDRESS	4057 BOUGAINVILLE RD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BALOK, GARY	
STREET ADDRESS	3314 N 41ST ST	
CITY-ST-ZIP	PHOENIX AZ 85018	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRIESEN, WILLIAM	
STREET ADDRESS	24 ROSEMORE RD.	
CITY-ST-ZIP	ST.CATHARINES,ONT.CAN.	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIESEN, ROSELLA M	
STREET ADDRESS	4057 BOUGAINVILLE RD.	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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: LAWRENCE J. FRIESEN 03/28/2000 561-374-9606
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)