

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715184

1. Entity Name

GATEWAY BEAGLE CLUB, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90239 038 ****61.25

Principal Place of Business

1535 FLOYD JOHNS RD
 BALDWIN FL 32234
 US

Mailing Address

1535 FLOYD JOHNS RD
 BALDWIN FL 32234
 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

59-2236192

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALEXANDER, LEON
 1535 FLOYD JOHNS RD
 BALDWIN FL 32234

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: *Leon Alexander*
 LEON Alexander (TD)

9-8-00

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME LANE, JAMES G.
 STREET ADDRESS 3804 HIDDEN ACRES RD.
 CITY-ST-ZIP MIDDLEBURG FL ☐ Delete

TITLE SP
 NAME ROYAL, BRUCE G.
 STREET ADDRESS 4591 WHEELER AVE.
 CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE VD
 NAME WARREN, JOHN K.
 STREET ADDRESS 5525 SQUAW LANE
 CITY-ST-ZIP MIDDLEBURG FL ☐ Delete

TITLE TD
 NAME ALEXANDER, LEON
 STREET ADDRESS 1535 FLOYD JOHNS RD
 CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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: *Leon Alexander* REQUESTED Alexander 9-8-00 904 332-3541
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)