

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000398

1. Entity Name

GGC, INC. OF ILLINOIS

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90145 041 \*\*\*150.00

Principal Place of Business

1985 NW 18TH STREET  
POMPANO BEACH FL 33069

Mailing Address

1985 NW 18TH STREET  
POMPANO BEACH FL 33069

UUU487UJ



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 36-3053207

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

~~KUPFER, PAUL H~~  
~~1700 UNIVERSITY DR., #110~~  
~~GORAL SPRINGS FL 33071~~

Name *Nicholas S. Gaglione*

Street Address (P.O. Box Number is Not Acceptable)

*1985 NW 18th ST*

City *Pompano Beach*

FL

Zip Code *33069*

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]*

*Nicholas S. Gaglione*

*4/27/01*

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) ☐

**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  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
GAGLIONE, NICHOLAS S  
2841 NE 35TH COURT  
FT. LAUDERDALE FL 33308 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
GAGLIONE, TERESA L  
2841 NE 35TH COURT  
FT. LAUDERDALE FL 33308 ☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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

*President* *4/17/01* *954-917-5380*

Date

Daytime Phone #

CR2E034 (10/00)

0135540