

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 09, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90212 020 \*\*\*150.00

**DOCUMENT # F94000003846**

1. Entity Name  
**GATEWAY FLORIDA PROPERTIES, INC.**

Principal Place of Business <b>300 NORTH LAKE AVENUE          SUITE 620          PASADENA CA 91101          US</b>	Mailing Address <b>300 NORTH LAKE AVENUE          SUITE 620          PASADENA CA 91101          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>95-4486698</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_  
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	
TITLE NAME PCDT <b>RICHTER, MARSHA D</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>300 NORTH LAKE AVE, SUITE 620 PASADENA CA 91101</b>	
TITLE NAME V <b>MUIR, DAVID L</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>300 NORTH LAKE AVE, SUITE 620 PASADENA CA 91101</b>	
TITLE NAME VS <b>SHULER, MARGARET O</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>300 NORTH LAKE AVE SUITE 620 PASADENA CA 91101</b>	
TITLE NAME V <b>RADEMACHER, GREGG</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>300 NORTH LAKE AVE SUITE 620 PASADENA CA 91101</b>	
TITLE NAME VAST <b>BUEHNER, EARL W</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>300 NORTH LAKE AVE., STE. 620 PASADENA CA 91101</b>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME PTD <b>Richter, Marsha D.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>300 N. Lake Ave., Suite 620 Pasadena, CA 91101</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	

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: *Margaret O. Shuler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARGARET O. SHULER**  
**VICE PRESIDENT & SECRETARY**  
 Date: **1/5-01** Daytime Phone #: **626 564-2343**

CR2E034 (10/00)