

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90202 018 ***150.00

DOCUMENT # F95000001973

1. Entity Name

GOSSNER MANAGEMENT LIMITED COMPANY

New address

new address

Principal Place of Business

**GOSSNER MANAGEMENT LIMITED SUITE 3026
 33 HARBOUR SQUARE
 TORONTO, ONTARIO CN M53- 2G2**

Mailing Address

**GOSSNER MANAGEMENT LIMITED SUITE 3026
 33 HARBOUR SQUARE
 TORONTO, ONTARIO CN M53- 2G2**

Gossner Management Ltd.
 #2207 One Yonge Street
 Toronto, Ontario
 M5E 1E5

Gossner Management Ltd.
 #2207 One Yonge Street
 Toronto, Ontario
 M5E 1E5

2. Principal Office

Suite, Apt. #, etc.

City & State

Zip

Country

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **98-0137614**

Applied For

Not Applicable

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

**FENNIMAN, JOHN
 735 COLORADO AVENUE
 STUART FL 34994**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PC** ☐ Delete
 NAME **GOSSNER, ISABELLA**
 STREET ADDRESS **SUITE 3026 33 HARBOUR SQUARE TORONTO ONT.**
 CITY-ST-ZIP **M53 2G2 CANADA**

TITLE **Address change** ☐ Change ☐ Addition
 NAME **Dr. Isabella Gossner**
 STREET ADDRESS **#2207 One Yonge Street**
 CITY-ST-ZIP **Toronto, Ontario**
M5E 1E5 ☐ Change ☐ Addition

TITLE **V** ☐ Delete
 NAME **HEBICH, DORIS**
 STREET ADDRESS **SUITE 3401 65 HARBOUR SQUARE TORONTO ONT.**
 CITY-ST-ZIP **M53 2L4 CANADA**

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

TITLE **ST** ☐ Delete
 NAME **BERNHARD, ELLA**
 STREET ADDRESS **C/O CHAPPELL SUITE 3310 20 QUEEN ST. WEST**
 CITY-ST-ZIP **TORONTO ONT. M5H 3R3 CANADA**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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:

Isabella Gossner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

January 31, 2001

Daytime Phone #

1416-3678531

CR2E034 (10/00)