

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90014 024 ***158.75

0568135

DOCUMENT # F96000000498

1. Entity Name

GATEWAY FLORIDA, INC.

Principal Place of Business

**180 SECOND AVE SE
 ST PETERSBURG FL 33701
 US**

Mailing Address

**250 STADIUM PLAZA
 ST LOUIS MO 63102
 US**

740041

2. Principal Place of Business

P.O. Box 8929

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

4. FEI Number

43-1730186

Applied For

Not Applicable

Zip

33468

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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	CV	<input type="checkbox"/> Delete
NAME	DEWITT, WILLIAM O JR.	
STREET ADDRESS	250 STADIUM PLAZA	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HANSER, FREDERICK O	
STREET ADDRESS	250 STADIUM PLAZA	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BAUR, ANDREW N	
STREET ADDRESS	250 STADIUM PLAZA	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	V	<input type="checkbox"/> Delete
NAME	WOOD, BRADFORD S	
STREET ADDRESS	250 STADIUM PLAZA	
CITY-ST-ZIP	ST LOUIS MO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:

Bradford S Wood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRADFORD S WOOD 4/5/01 314-425-067
 Date Daytime Phone #

CR2E034 (10/00)