

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90030 045 ***150.00

DOCUMENT # F97000000264

1. Entity Name
GPRCGROUP, INC.

Principal Place of Business 3330 RUM ROW NAPLES FL 34102	Mailing Address 3560 W. MARKET ST SUITE 300 AKRON OH 44333-2660
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00013000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 93-1221902	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____ (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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	HAMLIN, R M	
STREET ADDRESS	3560 W. MARKET ST., SUITE 300	
CITY-ST-ZIP	AKRON OH 44333	
TITLE	V	<input type="checkbox"/> Delete
NAME	VAN TIEM, JAMES D	
STREET ADDRESS	3560 W. MARKET ST., SUITE 300	
CITY-ST-ZIP	AKRON OH 44333	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GAUL, JAMES F	
STREET ADDRESS	3560 W. MARKET ST., SUITE 300	
CITY-ST-ZIP	AKRON OH 44333	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEINHAUER, JOHN S	
STREET ADDRESS	159 S. MAIN ST., SUITE 530	
CITY-ST-ZIP	AKRON OH 44308	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMLIN, RICHARD M	
STREET ADDRESS	3330 RUM ROW	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
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
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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 another like empowered.

SIGNATURE: James F. Gaul **JAMES F. GAUL** 1-31-00 330-665-2900