

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90186 040 ***150.00

DOCUMENT # F99000001349



1. Entity Name
GATEWAY GP SAWGRASS MILLS, INC.

Principal Place of Business
**300 NORTH LAKE AVENUE
SUITE 620
PASADENA CA 91101**

Mailing Address
**300 NORTH LAKE AVENUE
SUITE 620
PASADENA CA 91101**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **95-4729380**

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

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PCDT			
	RICHTER, MARSHA D	300 NORTH LAKE AVENUE, STE 620	PASADENA CA	
	V			
	RADEMACHER, GREGG	300 NORTH LAKE AVENUE, STE 620	PASADENA CA	
	VS			
	SHULER, MARGARET O	300 NORTH LAKE AVENUE, STE 620	PASADENA CA	
	V			
	MUIR, DAVID L	300 NORTH LAKE AVENUE, STE 620	PASADENA CA	
	VAST			
	BUEHNER, EARL W	300 NORTH LAKE AVENUE, STE 620	PASADENA CA	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret O. Shuler* **MARGARET O. SHULER**
VICE PRESIDENT & SECRETARY

Date

Daytime Phone #

CR2E034 (10/02)