2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # F9900004073

1. Entity Name GATEWAY GP MAITLAND, INC.



FILED Feb 11, 2003 8:00 am Secretary of State

02-11-2003 90066 020 ***150.00

				· ·		
	ce of Business LAKE AVENUE. SUITE 620 CA 91101	Mailing Address 300 NORTH LAKE AVEN PASADENA CA 91101	ue. Suite 620			
2. Principal Place of Business 3. Ma		3. Mailing Address				
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING (CHECK HERE IF MAKING CHANGES	
City & State C		City & State		4. FEI Number 95-4710381	Applied For Not Applicable	
Zip	Country	Zip	Country		8.75 Additional ee Required	
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Ag	jent	
MATIONA			Name			
NATIONAL-CORPORATE-RESEARCH,LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE FL 32301-0000			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
IALLAHA	33EE FL 32301-0000					
			City	FL.	Zip Code	
8. The above	e named entity submits this statement for the	ne nurnose of changing its	s registered office or regis	stered agent, or both, in the State of Florida. I am fai	miliar with and accept	
	tions of registered agent.	ie purpose of changing its	a registered office of regis	stered agent, or both, in the state of horida. Tanha	milar willi, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating) DATE		
			J J			
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of S	tata		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
	<u> </u>		T			
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE NAME	RICHTER, MARSHA D	☐ Delete	TITLE NAME	l	Change Addition	
STREET ADDRESS	300 NORTH LAKE AVENUE, SUITE	620	STREET ADDRESS			
CITY-ST-ZIP	PASADENA CA 91101		CITY-ST-ZIP			
TITLE	vs	☐ Delete	TITLE		Change Addition	
NAME	SHULER, MARGARET O	□ Delete	NAME		Change Addition	
STREET ADDRESS	300 NORTH LAKE AVENUE, SUITE	620	STREET ADDRESS			
CITY-ST-ZIP	PASADENA CA 91101		CITY-ST-ZIP			
TITLE	V	☐ Delete	TITLE		Change Addition	
NAME	MUIR, DAVID L			ا من من المن المن المناسب		
STREET ADDRESS	300 NORTH LAKE AVENUE, SUITE	620	STREET ADDRESS			
CITY-ST-ZIP	PASADENA CA 91101		CITY-ST-ZIP			
TITLE	V	☐ Delete	TITLE		Change Addition	
NAME	RADEMACHER, GREGG		NAME		,	
STREET ADDRESS	300 NORTH LAKE AVENUE, SUITE	620	STREET ADDRESS			
CITY-ST-ZIP	PASADENA CA 91101		CITY-ST-ZIP			
TITLE	VAS	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	BUEHNER, EARL W		NAME	•		
STREET ADDRESS	300 NORTH LAKE AVENUE, SUITE	620	STREET ADDRESS			
CITY-ST-ZIP	PASADENA CA 91101		CITY-ST-ZIP			
TITLE		□ Delete	TITI F		Change Addition	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE

NAME

STREET ADDRESS

CITY-\$T-ZIP

SIGNATUS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ICE PRESIDENT & SECRETARY

10-03

584-234 Daytime Phone #