

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J42963

1. Entity Name

G.W. REALTY, INC.

**FILED**  
**Sep 19, 2000 8:00 am**  
**Secretary of State**

09-19-2000 90050 001 \*1,100.00

Principal Place of Business

13132 EASON ISLAND CT  
JACKSONVILLE FL 32224  
US

Mailing Address

13132 EASON ISLAND COURT  
JACKSONVILLE FL 32224  
US

2. Principal Place of Business

149 Bristol Place

3. Mailing Address

149 Bristol Place

Suite, Apt. #, etc.

Ponte Vedra Bch, FL 32082

Suite, Apt. #, etc.

Ponte Vedra Bch, FL

City & State

City & State

Ponte Vedra Bch, FL

Zip

32082 USA

Zip

32082 USA

Country

USA

4. FEI Number

59-2744353

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILSON, GREG  
13132 EASON ISLAND CT  
JACKSONVILLE FL 32224

7. Name and Address of New Registered Agent

Name

Wilson, Greg

Street Address (P.O. Box Number is Not Acceptable)

149 Bristol Place

City

Ponte Vedra Bch, FL

FL

Zip Code

32082

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PST  
NAME WILSON, GREGORY R.  
STREET ADDRESS 13132 EASON ISL CT  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D  
NAME WILSON, GREGORY R.  
STREET ADDRESS 13132 EASON ISL CT  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE VPST  
NAME WILSON, LYNDIA  
STREET ADDRESS 13132 EASON ISL CT  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00

Date

904-280-2889

Daytime Phone #

CR2E034 (5/00)