

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90102 023 \*\*\*150.00

**DOCUMENT # J46623**

1. Entity Name  
**G C I INC.**

Principal Place of Business  
**811 15TH STREET NORTHWEST  
NAPLES FL 33964**

Mailing Address  
**811 15TH STREET NORTHWEST  
NAPLES FL 33964**

**C0008128**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**3681 31ST AVE S.W.**

**3681 31ST AVE S.W.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NAPLES, FL**

City & State

**NAPLES, FL**

4. FEI Number **59-2744031**

Applied For

Not Applicable

Zip

**34117**

Country

**USA**

Zip

**34117**

Country

**USA**

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

**CLARK, GENE H.  
811 15TH ST NW  
NAPLES FL 33964**

Name **CLARK, GENE H.**

Street Address (P.O. Box Number is Not Acceptable)  
**3681 31ST AVE S.W.**

City **NAPLES**

**FL**

Zip Code **34117**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT** ☐ Delete  
NAME **CLARK, GENE H.**  
STREET ADDRESS **811 15TH ST NW**  
CITY-ST-ZIP **NAPLES FL**

TITLE **PDT** ☐ Change ☐ Addition  
NAME **CLARK, GENE H.**  
STREET ADDRESS **3681 31ST AVE S.W.**  
CITY-ST-ZIP **NAPLES, FL 34117**

TITLE **V** ☒ Delete  
NAME **CLARK, BENJAMIN W.**  
STREET ADDRESS **888 G.G. BLVD WEST**  
CITY-ST-ZIP **NAPLES FL**

TITLE **V** ☒ Change ☐ Addition  
NAME **SMITH, SANDRA J.**  
STREET ADDRESS **3681 31ST AVE S.W.**  
CITY-ST-ZIP **NAPLES, FL 34117**

TITLE **S** ☐ Delete  
NAME **ARNOLD, IRA T.**  
STREET ADDRESS **201 QUAIL FOREST BLVD.**  
CITY-ST-ZIP **NAPLES FL**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Gene H. Clark** **GENE H. CLARK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/01**  
Date

**941-455-2325**  
Daytime Phone #

CR2E034 (10/00)

0541881