## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # J83026**

1. Entity Name

## GATEWAY AMERICAN BANK OF FLORIDA

	<b></b>					
Principal Place of Business	Mailing Address					
1451 N.W. 62ND STREET, SUITE 212 FT. LAUDERDALE FL 33309-1953	1451 N.W. 62ND STREET, SUITE 212 FT, LAUDERDALE FL 33309-1953					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	_				
City & State	City & State	_				

## **FILED** Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90049 025 \*\*\*150.00

Principal Place of Business     Mailing Address			_									
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN	I THIS SP	ACE					
City & State	City & State City & State				4. F	El Number 59-2634656			pplied For lot Applicable			
Zip	,	Country	Zip	try	5. (	Certificate of Status Desired		8.75 Ac				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent							
				Name								
				Street Address (P.O. Box Number is Not Acceptable)								
					City	Sity FL Zip Code						
8. The above			the purpose of changing its	register	ed office or	registered age	ent, or both, in the State of Florida					
	11.74	277 - 27 73										
SIGNATURE _	. 11. 11.			- Bogistoro	d Angot signati	ure required when re	instation)	DATE	<del></del>			
	Signature, typed	or printed name of registered agent an	а пле и аррисаоне. (NOTE	: negistere	Q Agent signati	ne required when re	Installing)					
		ible to satisfy its Intangible	FILE NOW!				10. Election Campaign Financ	ing _	\$5.	00 May Be		
Tax filing requirement and elects to do so.  After MAY 1, 2000 Fee (See criteria on back)  Make Check Payable to D							Trust Fund Contribution.	Ш	Adde	ed to Fees		
11,		OFFICERS AND D	<u></u>	12.			<u> </u>  DITIONS/CHANGES TO OFFICE	RS AND D	DIRECTO	RS IN 11		
TITLE	D	OFFICERS AND D	☐ Delete	TITL	 E	DP	5111011		☐ Change	<b>▼</b> Addition		
NAME	LAWRENCE, GABRIEL					_	Chaperon		_	-		
STREET ADDRESS	THE PARTY AND ADDRESS ASSESSMENT				ET ADDRESS							
CITY-ST-ZIP				CITY	-ST-ZIP		derdale Fl 33309					
TITLE	D		☐ Delete	TITL	E	ח		I	☐ Change	Addition 🙀		
NAME	TOMLINSON, JOHN			NAM			rich Sommerkamp					
STREET ADDRESS	( **** ********************************				ET ADDRESS -ST-ZIP	1	1451 NW 62 Street Suite 212					
CITY-ST-ZIP	PT. LAUL	ERDALE FL 33309-1953		-		D Lau	<u>iderdale Fl 33309</u>		☐ Change	(X) Addition		
TITLE	. •	DICHARD A	☐ Delete	TITL		Len Sim	on		Change	Addition [		
NAME STREET ADDRESS		ASPER, RICHARD A. 1451 N.W. 62ND STREET, SUITE 212			ET ADDRESS	I	V 62nd St Suite 21	2				
CITY-ST-ZIP		·			-ST-ZIP		iderdale Fl 33309	_				
TITLE	D		☐ Delete	TITL	 E	D	MACIONALO I I DIDIO		Change	Addition		
NAME	LYONS,	JOHN J		NAM	E	-	oh Kruse					
STREET ADDRESS		/. 62ND STREET, SUITE			ET ADDRESS		7 62nd St Suite 21	2				
CITY-ST-ZIP		ERDALE FL 33309-1953		CITY	-ST-ZIP	Ft. Lau	ide <del>rdale Fl 33309</del>		<u></u>			
TITLE	EVPD	ALATEDI IOLICE	☐ Delete	TITL					Change	Addition		
NAME CIRCLI ADDRESS		WATERHOUSE	010	NAM	ie Et address					{		
STREET ADDRESS CITY-ST-ZIP		v. 62ND STREET, SUITE DERDALE FL 33309-1953			-ST-ZIP							
TITLE	DC DC		Delete	TITL	_			<del></del>	☐ Change	☐ Addition		
NAME I	DWYER,	JAMES	Detele	NAM				'				
STREET ADDRESS		V. 62ND STREET, SUITE	212		ET ADDRESS							
CITY-ST-ZIP		ERDALE FL 33309-1953		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:**