

# 2001 UNIFORM BUSINESS REPORT (UBR)

0022810 AF

DOCUMENT # L00000008213

1. Entity Name  
GB DEVELOPMENT, LLC

FILED

01 APR -3 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10806 U.S. HIGHWAY 19, SUITE 102  
PORT RICHEY FL 34668

Mailing Address

10806 U.S. HIGHWAY 19, SUITE 102  
PORT RICHEY FL 34668



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3657768

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NAPOLITANO, PETER A ESQ.  
7617 LITTLE ROAD  
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name KHAN, HAIDER  
Street Address (P.O. Box Number is Not Acceptable)  
10806 US 19, STE 102  
City PORT RICHEY FL Zip Code 34668

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

HAIDER KHAN

1/10/01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

900003992949--3  
-04/11/01-0112-024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

|  |                                 |  |  |  |
|--|---------------------------------|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR, MBR<br>KHAN, HAIDER<br>10806 US 19, STE 102<br>PORT RICHEY, FL 34668  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SEC/ MBR<br>KHAN, SABIHA<br>10806 US 19, STE 102<br>PORT RICHEY, FL 34668  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TREAS, MBR<br>WOODS, JOHN<br>10806 US 19, STE 102<br>PORT RICHEY, FL 34668 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MBR<br>MITCHUM, G. LARRY<br>10806 US 19, STE 102<br>PORT RICHEY, FL 34668  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Haider Khan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

HAIDER KHAN 1/10/01

727 868 8373  
Daytime Phone #

CR2E083 (11/00)