

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
05-13-2002 90208 012 \*\*\*\*55.00

003772

**DOCUMENT # L00000008604**

1. Entity Name  
**GPW-GP, LLC**

Principal Place of Business  
**5015 S. FLORIDA AVENUE, SUITE #200  
LAKELAND FL 33813**

Mailing Address  
**5015 S. FLORIDA AVENUE, SUITE #200  
LAKELAND FL 33813**

**961034**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**500 S. Florida Ave  
Suite, Apt. #, etc.  
#700**

3. Mailing Address  
**PO Box 5252  
Suite, Apt. #, etc.**

City & State  
**Lakeland FL  
Zip  
33801**

City & State  
**Lakeland, FL  
Zip  
33807**

4. FEI Number **NOT APPLICABLE**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MAXWELL, LAWRENCE T  
5015 S. FLORIDA AVENUE, SUITE #200  
LAKELAND FL 33813**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**500 S. Florida Ave  
#700**  
City **Lakeland** **FL** Zip **33801**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR**  
NAME **A & M BUSINESS PROPERTIES, INC.**  
STREET ADDRESS **5015 S. FLORIDA AVENUE, SUITE #200**  
CITY-ST-ZIP **LAKELAND FL 33813**  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**500 S. Florida Avenue, #700  
Lakeland, FL 33801**  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

**SIGNATURE REQUIRED**

**04/30/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)