

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015711

1. Entity Name

G & S ENTERTAINMENT, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

7310 Westpointe Blvd.

Suite, Apt. #, etc.

#623

City & State

ORLANDO, FL

Zip

32835

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

SAME

4. FEI Number

59-3692022

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALAN A. Siegel
7310 Westpointe Blvd. #623
ORLANDO, FL 32835

Name

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

City

FL

Zip Code

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE *mgr member* ☐ Delete
NAME ALAN A. Siegel
STREET ADDRESS 7310 Westpointe Blvd #623
CITY-ST-ZIP ORLANDO, FL 32835

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

Date

Daytime Phone #

3/2/01 (407) 230-6692

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E083 (11/00)