

2002 UNIFORM BUSINESS REPORT (UBR)

0027303

DOCUMENT # L01000003274

1. Entity Name
GSG - LAKE MARY - LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 23 AM 10:46

Principal Place of Business
661 E. ALTAMONTE, STE. 318
ALTAMONTE SPRINGS FL 32701

Mailing Address
661 E. ALTAMONTE, STE. 318
ALTAMONTE SPRINGS FL 32701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2190 Terrace Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LONGWOOD, FLORIDA

Zip

Country

Zip
32779

Country

U.S.A

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABRET, STEVEN M
226 HILLCREST ST.
ORLANDO FL 32801

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)

CUS

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GUINDI, EDWARD
661 E. ALTAMONTE, STE. 318
ALTAMONTE SPRINGS FL 32701

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100005638731--8
-05/30/02--01007--024
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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:

EDWARD GUINDI, M.D.

4/30/02

407-383-7800

CR2E083 (9/01)

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

Date

Daytime Phone #