

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 13, 2000 08:00 AM****Secretary of State****DOCUMENT # L01832**1. Entity Name
GMDC, INC.**Principal Place of Business**2640 GOLDEN GATE PKWY
SUITE 315
NAPLES
33942
US**Mailing Address**2640 GOLDEN GATE PKWY
SUITE 315
NAPLES
33942
US**2. Principal Place of Business**

2640 GOLDEN GATE PKWY

Suite, Apt. #, etc.
SUITE 305City & State
NAPLES FLZip
34105Country
US**3. Mailing Address**

2640 GOLDEN GATE PKWY

Suite, Apt. #, etc.
SUITE 305City & State
NAPLES FLZip
34105Country
US4. FEI Number
65-0134873Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentKELLY CHARLES M. JR.
2640 GOLDEN GATE PARKWAY
SUITE 315
NAPLES
33942
US**7. Name and Address of New Registered Agent**Name
KELLY CHARLES M. JR.
Street Address (P.O. Box Number is Not Acceptable)
2640 GOLDEN GATE PARKWAY
SUITE 305
City
NAPLES FL
Zip Code
34105

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)

09/13/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEVOE, DONALD P.
4100 TAMiami TRAIL NORTH
NAPLES FL
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FICKEY, CASEY G.
4100 TAMiami TRAIL NORTH
NAPLES FL
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEVOE, MARK A.
4100 TAMiami TRAIL NORTH
NAPLES FL
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEVOE, GARY R.
4100 TAMiami TRAIL NORTH
NAPLES FL
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEVOE, DONALD P.
4100 TAMiami TRAIL NORTH
NAPLES FL 34103
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FICKEY, CASEY G.
4100 TAMiami TRAIL NORTH
NAPLES FL 34103
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEVOE, MARK A.
4100 TAMiami TRAIL NORTH
NAPLES FL 34103
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEVOE, GARY R.
4100 TAMiami TRAIL NORTH
NAPLES FL 34103
☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: MARK A. DEVOE

D

09/13/2000