

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L34846

1. Entity Name
G.G.C. INC. OF LAKE MARY

Principal Place of Business Mailing Address
% GERRY A. SORENSEN % GERRY A. SORENSEN
535 TIBERON COVE RD 535 TIBERON COVE RD
LONGWOOD FL 32750 LONGWOOD FL 32750

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

SORENSEN, GERRY A.
535 TIBERON COVE RD
LONGWOOD FL 32750

4. FEI Number 59-2983512 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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 _____ DATE _____
(NOTE: Registered Agent's signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME SORENSEN, COLEEN
STREET ADDRESS 535 TIBERON COVE RD
CITY-ST-ZIP LONGWOOD FL

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: *Coleen R Sorensen* President 04/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90162 047 ***150.00

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DO NOT WRITE IN THIS SPACE

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