

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90216 006 ***150.00

DOCUMENT # L70028

1. Entity Name
GH HOLDINGS, INC..

958144



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3599 UNIVERSITY BLVD S SUITE B JACKSONVILLE FL 32216	Mailing Address 3599 UNIVERSITY BLVD S SUITE B JACKSONVILLE FL 32216
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FCI Number 59-3007328	Applied For ☐
	Not Applicable ☐

6. Name and Address of Current Registered Agent GEIGER, ALLAN T. 1301 RIVERPLACE BLVD., SUITE 1500 ROGERS, TOWERS, BAILEY, JONES & GAY JACKSONVILLE FL 32207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code
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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 _____
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BROWN, J B 3599 UNIV BLVD S STE B JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PD BAER, DOUGLAS M 3599 UNIV BLVD S STE B JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete DVST REINSCHMIDT, TIMOTHY W 3599 UNIV BLVD S STE B JACKSONVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D HUTTON, DONALD H 3599 UNIV BLVD S STE B JACKSONVILLE FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

904-858-7474

Date

Daytime Phone #

CR2E034 (10/00)