

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 15 PM 1:58

DOCUMENT # L98000000901

1. Entity Name
GATEWAY INSURANCE AGENCY, L.C.

Principal Place of Business Mailing Address
2430 WEST OAKLAND PARK BOULEVARD 2430 WEST OAKLAND PARK BOULEVARD
FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311-1424



2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0845230
APPLIED FOR

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

MANN, JOHN L
105 SOUTH FLORIDA AVENUE
LAKELAND FL 33801

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 MGRM
NAME CAMPANO, JERUE K
STREET ADDRESS 1000 WESTWIND WAY
CITY-ST-ZIP BARTOW FL 33830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300003148373--5
-02/25/00--010000023
*****50.00 *****50.00

TITLE MGRM
NAME GIA MANAGEMENT SERVICES, L.C.
STREET ADDRESS 2430 WEST OAKLAND PARK BOULEVARD
CITY-ST-ZIP FT. LAUDERDALE FL 33311

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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: DAVID STONE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/7/00 954-735-5500
Date Daytime Phone #

CR2E083 (9/99)