

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002317

1. Entity Name

G-F SYSTEMS LLC

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3028 WYNSTONE DRIVE  
SEBRING FL 33872

Mailing Address

3028 WYNSTONE DRIVE  
SEBRING FL 33872-4744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3517404

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, DONALD J  
3028 WYNSTONE DRIVE  
SEBRING FL 33872

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 ☐ Delete  
NAME HARRIS, DONALD J  
STREET ADDRESS 3028 WYNSTONE DRIVE  
CITY-ST-ZIP SEBRING FL 33872

TITLE ☐ Change ☐ Delete  
NAME 300003115073--0  
STREET ADDRESS -01/28/00--01032--018  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGRM ☐ Delete  
NAME HARRIS, MARILYN A  
STREET ADDRESS 3028 WYNSTONE DRIVE  
CITY-ST-ZIP SEBRING FL 33872

TITLE ☐ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

1-12-00 382-1777