

# 2001 UNIFORM BUSINESS REPORT (UBR)

0019446 AF

**DOCUMENT # L98000002317**

1. Entity Name  
**G-F SYSTEMS LLC**

**FILED**

01 FEB -6 AM 8:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**3028 WYNSTONE DRIVE  
SEBRING FL 33872**

Mailing Address  
**3028 WYNSTONE DRIVE  
SEBRING FL 33872**

2. Principal Place of Business  
*Same*

3. Mailing Address  
*Same*

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3517404**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HARRIS, DONALD J  
3028 WYNSTONE DRIVE  
SEBRING FL 33872**

7. Name and Address of New Registered Agent  
Name *Donald J Harris*  
Street Address (P.O. Box Number is Not Acceptable)  
*Same*  
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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HARRIS, DONALD J 3028 WYNSTONE DRIVE SEBRING FL 33872</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HARRIS, MARILYN A 3028 WYNSTONE DRIVE SEBRING FL 33872</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500003677675--0</b> <b>-02/13/01--01104--003</b> <b>*****50.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *DONALD J HARRIS* *Donald J Harris* 1-19-01 863-332-1977  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)