

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90053 009 ****50.00

DOCUMENT # M00000001624

1. Entity Name

GF INCOME INVESTORS LLC

Principal Place of Business

**235 S. COUNTY RD. #204
 PALM BEACH FL 33480**

Mailing Address

**235 S. COUNTY RD. #204
 PALM BEACH FL 33480**

2. Principal Place of Business

**One North Clematis, Suite 320
 West Palm Beach, FL
 33401 USA**

3. Mailing Address

**One North Clematis, Suite 320
 West Palm Beach, FL
 33401 USA**



DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

51-0395306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BEDARD, JULIE M
 235 S. COUNTY RD, #204
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name

Bedard, Julie

Street

**One North Clematis, Suite 320
 West Palm Beach, FL 33401**

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

1/7/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUBELMANN, WILLIAM 235 S. COUNTY RD, #204 PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUBELMANN, JAMES B 235 S. COUNTY RD, #204 PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUBELMANN, MARJORIE 235 S. COUNTY RD, #204 PALM BEACH FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUBELMANN, WYETH S 235 S. COUNTY RD, #204 PALM BEACH FL 33480	<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	Mgrm Gubelmann, William S. One North Clematis, Suite 320 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Gubelmann, James B. One North Clematis, Suite 320 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Gubelmann, Marjorie One North Clematis, Suite 320 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgrm Gubelmann, Wyeth S. One North Clematis, Suite 320 West Palm Beach, FL 33401	<input checked="" 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:

William S. Gubelmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8 JAN 2002 (561) 659-4455

CR2E083 (9/01)