

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -1 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # M97000000146

1. Entity Name

GPH FLORIDA MANAGEMENT, L.L.C.

Principal Place of Business

C/O GIBSON & ASSOCIATES  
360 BUTTERFIELD ROAD, SUITE 400  
OAK BROOK IL 60522-4808

Mailing Address

C/O GIBSON & ASSOC. ATTN: ROBERT PACHMAYER  
P.O. BOX 4808  
OAK BROOK IL 60522-4808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4139238

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 NAME MGRM PACHMAYER, ROBERT ☐ Delete  
STREET ADDRESS 360 BUTTERFIELD ROAD, SUITE 400  
CITY-ST-ZIP OAK BROOK IL 60522-4808

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 700003260977--1  
CITY-ST-ZIP -05/22/00-01813-013  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MGRM GIBSON, WESLEY ☐ Delete  
STREET ADDRESS 360 BUTTERFIELD ROAD, SUITE 400  
CITY-ST-ZIP OAK BROOK IL 60522-4808

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

TITLE NAME MGRM HOWARD, GEORGE W II ☐ Delete  
STREET ADDRESS 360 BUTTERFIELD ROAD, SUITE 400  
CITY-ST-ZIP OAK BROOK IL 60522-4808

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (9/99)