

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003332

1. Entity Name

GF/FLORIDA CORRECTIONS, INC.

Principal Place of Business

3575 PIEDMONT ROAD N.E., SUITE 930
ATLANTA GA 30305

Mailing Address

3575 PIEDMONT ROAD N.E., SUITE 930
ATLANTA GA 30305

2. Principal Place of Business

3. Mailing Address

15 Piedmont Center, Ste. 930

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3575 Piedmont Road, NE

City & State

City & State

Atlanta, GA 30305

4. FEI Number

58-2550002

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALONEY, FRANK E JR
445 EAST MACCLENNEY AVENUE
MACCLENNEY FL 32063

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME GROVE, GREGORY K
STREET ADDRESS 1075 W. CONWAY DRIVE, N.W.
CITY-ST-ZIP ATLANTA GA 30327

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

TITLE D ☐ Delete
NAME WEISEL, ERIC I
STREET ADDRESS 2312 BEACH HAVEN DRIVE, #304
CITY-ST-ZIP VIRGINIA BEACH VA 23451

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

TITLE D ☐ Delete
NAME BASS, C. WILLIS
STREET ADDRESS 76 LAUREL FOREST CIRCLE
CITY-ST-ZIP ATLANTA GA 30342

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory K. Grove 01/22/01 (404) 233-6500

Date

Daytime Phone #

CR2E037 (10/00)