## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N00000003332

Entity Name: GF/FLORIDA CORRECTIONS, INC.

FILED Jan 13, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

15 PIEDMONT CENTER STE 930 3575 PIEDMONT RD NE ATLANTA, GA 30305

FEI Number: 58-2550002 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MALONEY, FRANK E JR 445 EAST MACCLENNY AVENUE MACCLENNY, FL 32063 US

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:

Flacture Company of Davidson d Asset

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: DP (X) Change ( ) Addition Name: GROVE, GREGORY K Name: GROVE, GREGORY K Address: 1075 W. CONWAY DRIVE, N.W. Address: 1075 W. CONWAY DRIVE, N.W.

City-St-Zip: ATLANTA, GA 30327 City-St-Zip: ATLANTA, GA 30327

Title: D ( ) Delete Title: DVP (X) Change ( ) Addition

 Name:
 WEISEL, ERIC I
 Name:
 WEISEL, ERIC I

 Address:
 2312 BEACH HAVEN DRIVE. #304
 Address:
 2312 BEACH HAVEN DRIVE. #304

City-St-Zip: VIRGINIA BEACH, VA 23451 City-St-Zip: VIRGINIA BEACH, VA 23451

Title: D ( ) Delete Title: DVP (X) Change ( ) Addition Name: BASS, C. WILLIS Name: BASS, C. WILLIS

Address: 76 LAUREL FOREST CIRCLE Address: 76 LAUREL FOREST CIRCLE
City-St-Zip: ATLANTA, GA 30342 City-St-Zip: ATLANTA, GA 30342

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 DELOZIER, ARTHUR C
 Name:

 Address:
 15 PIEDMONT CTR SUITE 930
 Address:

 City-St-Zip:
 ATLANTA, GA 30305
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DELOZIER, ARTHUR C. VP 01/13/2003