

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/20/01

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90013 034 \*\*\*\*70.00

**DOCUMENT # N00000005062**

1. Entity Name

**GLOBAL DEMONSTRATION, INC.**

Principal Place of Business

BOX 1998  
WINDERMERE FL 34786

Mailing Address

BOX 1998  
WINDERMERE FL 34786

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

55-0700568

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SANGER, JOHN M**  
**2303 RIDGE WIND WAY**  
**WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>John SANGER</b>
STREET ADDRESS	<b>2303 Ridgewind Way</b>
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAUREEN SANGER</b>
STREET ADDRESS	<b>2303 Ridgewind Way</b>
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Thomas John</b>
STREET ADDRESS	<b>506 Lighthouse Rd. Apt. 2217</b>
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACK SMITH</b>
STREET ADDRESS	<b>601 Island Seas Blvd.</b>
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED JOHN SANGER**

**1-9-01**

**407 909-9835**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)