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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 12, 2001 8:00 am **DOCUMENT # N20418 Secretary of State** 03-12-2001 90491 043 \*\*\*\*61.25 THE GTR FOUNDATION, INC. Principal Place of Business Mailing Address 520 HARBOR GATE WAY 520 HARBOR GATE WAY LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 632108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2798067 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ONEIL, WILLIAM III **520 HARBOR GATE WAY** LONGBOAT FL 34228 City 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to П Trust Fund Contribution. FEE IS \$61.25 Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Addition Delete TITLE ☐ Change O'NEIL, WILLIAM III NAME NAME **520 HARBOR GATE WAY** STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGBBOAT KEY FL 34228 Addition TITLE ☐ Delete TITLE ☐ Change O'NEIL, BRIAN NAME NAME **5830 LAGORCE DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH FL . حرش LILFE. Change ... Addition Delete TITLE. ONEIL, BILL NAME NAME STREET ADDRESS 664 RIDGEWOOD RD STREET ADDRESS CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition O'NEIL. GRETCHEN NAME NAME 9894 N KENDALL #C109 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** TITLE ☐ Delete TITLE ☐ Change Addition O'NEIL. KIRSTEN NAME NAME STREET ADDRESS 1750 SW 13TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33145** TITLE TITLE ☐ Change ☐ Addition Delete NAME O'NEIL, PAUL NAME STREET ADDRESS 532 RANGER LANE STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL 34228

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 of 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