

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

0089811

**DOCUMENT # N95000000109**

1. Entity Name

**GKTW, INC.**

04-17-2002 90070 038 \*\*\*\*\*70.00

Principal Place of Business

**210 SOUTH BASS ROAD  
 KISSIMMEE FL 34746**

Mailing Address

**210 SOUTH BASS ROAD  
 KISSIMMEE FL 34746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3327385**

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

**INCORRECT SPELLING**  
**LANDWIRTH, PAMELA M**  
**210 S BASS SROAD**  
**KISSIMMEE FL 34746**

Name **PAMELA M. LANDWIRTH**

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 **CPD** ☐ Delete  
 NAME **LANDWIRTH, HENRI**  
 STREET ADDRESS **5401 KIRKMAN RD. #300**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Landwirth, Henri**  
 STREET ADDRESS **210 South Bass Road**  
 CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE **VCD** ☐ Delete  
 NAME **LANDWIRTH, PAMELA**  
 STREET ADDRESS **5401 KIRKMAN RD. #300**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **Landwirth, Pamela**  
 STREET ADDRESS **210 South Bass Road**  
 CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE **D** ☒ Delete  
 NAME **MORGAN, DIANA**  
 STREET ADDRESS **8234 TIBET BUTLER DRIVE**  
 CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **Cassara, Michael D.**  
 STREET ADDRESS **5678 Irls Bronson Hwy.**  
 CITY-ST-ZIP **Kissimmee, FL 34746**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition  
 NAME **Frantz, Dick**  
 STREET ADDRESS **355 S. CR 427**  
 CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **CD** ☐ Change ☒ Addition  
 NAME **Ortt, Patrick**  
 STREET ADDRESS **5850 T.G. Lee Blvd., Suite 320**  
 CITY-ST-ZIP **Orlando, FL 32822**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **See attached**  
 STREET ADDRESS **list**  
 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

Date

Daytime Phone #

CR2E037 (9/01)

GKTW, INC

p.2

ADDITION

Attachment  
Document #  
N9500000109  
767163

ADDITION

ADDITION

ADDITION

ADDITION

ADDITION