

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90127 030 ****61.25

DOCUMENT # N97000001743

1. Entity Name

GATEWAY TO FLORIDA PROPERTIES, INC.

Principal Place of Business

Mailing Address

**10760 KAREN GALE LANE
 JACKSONVILLE FL 32225-2928**

**6347 COLLINS RD
 JACKSONVILLE FL 32244-5809
 US**

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3503620

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

**OLSEN, CLARENCE J
 6347 COLLINS RD
 JACKSONVILLE FL 32244**

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	P	<input type="checkbox"/> Delete
NAME	OLSEN, CLARENCE J	
STREET ADDRESS	6347 COLLINS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244-5809	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HOLT, MILO	
STREET ADDRESS	9439 SAN JOSE BLVD 184	
CITY-ST-ZIP	JACKSONVILLE FL 32257-5547	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OLSEN, HELEN	
STREET ADDRESS	6347 COLLINS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244-5809	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOPKINS, FREDERICK D	
STREET ADDRESS	3634 HILLARD RD	
CITY-ST-ZIP	JACKSONVILLE FL 32217-4259	
TITLE	T	<input type="checkbox"/> Delete
NAME	TEIGLAND, GEORGE E	
STREET ADDRESS	10760 KARENGALE LN	
CITY-ST-ZIP	JACKSONVILLE FL 32225-2928	
TITLE	T	<input type="checkbox"/> Delete
NAME	SUNDBY, DONALD	
STREET ADDRESS	11133 STOWE COTTAGE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223-7308	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Milo Holt, Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-2000

CR2E037 (9/99)