

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

0045349

DOCUMENT # N97000005482

1. Entity Name

THE GATEWAY MERCHANTS ASSOCIATION, INC.

05-10-2001 90144 027 ****61.25

Principal Place of Business

Mailing Address

1828 E SUNRISE BLVD
 FT LAUDERDALE FL 33304

1828 E SUNRISE BLVD
 FT LAUDERDALE FL 33304

00048674

2. Principal Place of Business

3. Mailing Address

1952 E. Sunrise Blvd.

1952 E. Sunrise Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip
33304

Country
USA

Zip
33304

Country
USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

MARTEL, LEO
1828 E SUNRISE BLVD
FT LAUDERDALE FL 33304

Name **JIM KEVERN**

Street Address (P.O. Box Number is Not Acceptable)

1952 E. Sunrise Blvd.

City **FT Lauderdale FL**

Zip Code **33304**

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

James D. Kevern
JAMES D. KEVERN

4/25/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: New 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 NAME STREET ADDRESS CITY-ST-ZIP	P MARTEL, LEO 1828 E SUNRISE BLVD FT LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEVERN, JIM 1952 E SUNRISE BLVD. FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, KARIN 905 NE 20TH AVE. FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONOUGH-LACKEY, MARY 1750 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANZBLAU, MARK 1818 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTERMAN, GENE 1958 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JIM KEVERN 1952 E. Sunrise Blvd. FT Lauderdale, FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACK 1930 E. Sunrise Blvd. Fort Lauderdale, FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	→ SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

James D. Kevern
JAMES D. KEVERN **4/25/01** **954 522 2228**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)