

1/17/01-90067-029-\$61.25-\$61.25
* 7/13/01-90006-013-\$70.00-\$70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006001

1. Entity Name

CAPITAL CITY GATEWAY DEVELOPMENT CORPORATION, IN

Principal Place of Business

1116 TANNER DR.
TALLAHASSEE FL 32310

Mailing Address

1116 TANNER DR.
TALLAHASSEE FL 32310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1713926

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

Name

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

City

FL

Zip Code

HARRIS, LEE
1262 W. 4TH ST.
JACKSONVILLE FL 32209

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
After September 12, 2001, min. will be \$236.25

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 D President
NAME FERRELL, ERNEST
STREET ADDRESS 1116 TANNER DR.
CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Delete

TITLE D Treasurer
NAME SMITH, CLINTON
STREET ADDRESS 1205 RICHMOND ST.
CITY-ST-ZIP TALLAHASSEE FL 32304 ☐ Delete

TITLE D
NAME HUDSON-LITTLE, JOANNA
STREET ADDRESS 6985 BAHIA AVE.
CITY-ST-ZIP COCOA FL 32927 ☐ Delete

TITLE D
NAME JOHNSON, EUGENE
STREET ADDRESS 8202 BAHIA AVE.
CITY-ST-ZIP TAMPA FL 33617 ☒ Delete

TITLE D
NAME GAINES, ROLAND
STREET ADDRESS 4049 KILMARTIN DR.
CITY-ST-ZIP TALLAHASSEE FL 32308 ☒ Delete

TITLE Vice President
NAME LEE HARRIS
STREET ADDRESS 1262 W. 4th St.
CITY-ST-ZIP Jacksonville, FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Secretary
NAME Thomas Kimball
STREET ADDRESS Rt 35 Box 1340
CITY-ST-ZIP Tallahassee, FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Ernest Ferrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/10/01 850 222-6111

01 AUG 13 PM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)