

2001 UNIFORM BUSINESS REPORT (UBR)

3/5/C

FILED**Mar 19, 2001 8:00 am**
Secretary of State

03-05-2001 90276 048 ***150.00

DOCUMENT # P000000214961. Entity Name
GP PROPERTIES I, INC.Principal Place of Business
12 COMMERCE RD., STE. A
DESTIN FL 32541Mailing Address
12 COMMERCE RD., STE. A
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

59-3633439

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

GORDON, GEORGE D
12 COMMERCE RD., STE. A
DESTIN FL 32541

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 re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
PD	GORDON, WILLIAM A	108 S. BLUE HERON DR.	SANTA ROSA BEACH FL 32459	☐
VD	GORDON, GEORGE D	12 COMMERCE RD., STE. A	DESTIN FL 32541	☐
SD	PHILLIPS, PATRICIA A	1304 BARON ST.	VIDALIA GA 30474	☐
TD	PHILLIPS, WILLIAM C	1304 BARON ST.	VIDALIA GA 30474	☐
				☐
				☐

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

2/27/01
Date**President**
Daytime Phone

CR2E034 (10/00)