

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050779

1. Entity Name

THE GREAT GATSBY CORPORATION

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90347 026 \*\*\*150.00

Principal Place of Business

2881 JEFFERSON ST  
MARIANNA FL 32446

Mailing Address

P.O. BOX 138  
MARIANNA FL 32447

00038525



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4429 MARKET ST.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 138  
Suite, Apt. #, etc.

City & State

MARIANNA, FL

City & State

MARIANNA, FL

4. FEI Number

59-3659417

Applied For

Not Applicable

Zip

32446

Country

USA

Zip

32447

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILKINSON, THOMAS C  
2881 JEFFERSON ST  
MARIANNA FL 32446

7. Name and Address of New Registered Agent

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

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ Delete  
NAME THOMAS C. WILKINSON  
STREET ADDRESS 4429 MARKET ST  
CITY-STATE-ZIP MARIANNA, FL 32446

TITLE SECRETARY ☐ Delete  
NAME DONALD J. WEST  
STREET ADDRESS THOMASVILLE, GA  
CITY-STATE-ZIP THOMASVILLE, GA

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Change ☐ Addition  
NAME THOMAS C. WILKINSON  
STREET ADDRESS 4429 MARKET ST  
CITY-STATE-ZIP MARIANNA, FL 32446

TITLE SECRETARY ☐ Change ☐ Addition  
NAME DONALD J. WEST  
STREET ADDRESS 502 NORTH CRAWFORD ST.  
CITY-STATE-ZIP THOMASVILLE, GA 31799

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

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

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

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

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: THOMAS C. WILKINSON, PRESIDENT 4/21/01 (850) 482-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)