

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076548

1. Entity Name

GATEKEEPER REALTY CORPORATION

Principal Place of Business

9205 SE 156TH STREET
SUMMERFIELD FL 34491

Mailing Address

9205 SE 156TH STREET
SUMMERFIELD FL 34491

2. Principal Place of Business

2900 SE 156 PL RD
Suite, Apt. #, etc.

3. Mailing Address

2900 SE 156 PL RD
Suite, Apt. #, etc.

City & State

SUMMERFIELD

City & State

SUMMERFIELD FL

Zip

Country

FL

Zip

Country

34491

4. FEI Number

65-1048586

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

FRAZIER, DON H

9205 SE 156TH STREET
SUMMERFIELD FL 34491

Name

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

2900 SE 156 PL RD

City

SUMMERFIELD

FL

Zip Code

34491

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME COCKRELL, RICHARD
STREET ADDRESS 14101 SE 155TH STREET
CITY-ST-ZIP WEIRSDALE FL 32193

TITLE D ☒ Delete
NAME ZIEGLER, LARRY
STREET ADDRESS 4939 SE 41ST COURT
CITY-ST-ZIP OCALA FL 34480

TITLE D ☐ Delete
NAME FRAZIER, DON H
STREET ADDRESS 2900 SE 156TH PLACE ROAD
CITY-ST-ZIP SUMMERFIELD FL 34491

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President ☒ Change ☐ Addition
NAME
STREET ADDRESS 2900 SE 156 PL RD
CITY-ST-ZIP SUMMERFIELD FL 34491

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

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS same
CITY-ST-ZIP

TITLE Sec/Treasurer ☐ Change ☒ Addition
NAME Frazier, Mary
STREET ADDRESS 2900 SE 156th Place Road
CITY-ST-ZIP Summerfield, FL 34491

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01

352 307-2391

CR2E034 (10/00)