

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-25-2001 90292 018 \*\*\*150.00

DOCUMENT # P00000112610

1. Entity Name

GC CONSULTING INC

Principal Place of Business

Mailing Address

20423 STATE RD 7 #389

BOCA RATON FL 33498

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

651067112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

A0071883

6. Name and Address of Current Registered Agent

BARKER, TIMOTHY

20423 STATE RD 7 #389

BOCA RATON FL 33498

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!!**  
**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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PTS
STREET ADDRESS	BARKER, TIMOTHY
CITY-ST-ZIP	20423 STATE RD 7 #389
	BOCA RATON, FL 33498
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

4/24/01

Date

(954) 415-1325

Daytime Phone #

CR2E034 (11/00)



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
DIVISION OF REAL ESTATE  
400 W. Robinson St. P.O. Box 1900  
Orlando, FL 32802-1900  
(407) 245-0825

TAKE CHECKS PAYABLE TO:  
Division of Real Estate  
DO NOT SEND CASH

# REQUEST FOR RENEWAL OR CHANGE OF CORPORATION OR PARTNERSHIP

COMPLETE FORM IN BLACK INK

Corporation  
Name of ~~Partnership~~ Ocean Gallery Properties, Inc.  
(strike word not applicable)

Trade Name same

Florida Business Address 4600 A1A So St. Augustine, FL 32080  
Give address of main office (Street Number) (City) (State) (Zip)

5 9 - 2 9 8 2 2 0 9 9 0 4 - 4 7 1 - 6 6 6 3  
Federal Employer # Business Telephone Number

You must furnish the names and residence addresses of ALL of the officers and directors of the corporation, or ALL members of the partnership.  
A licensed real estate salesperson, active or In-active, cannot be an officer or director of a real estate broker corporation or a member of a partnership.  
Multiple Brokers licenses: brokers licensed with more than one real estate brokerage company should inform the respective companies of this fact.

Name	Office Title	Active or In-Active
1. <u>Drew Reddish</u> Residence Address <u>1397 Randall St.</u> <u>Starke, FL 32091</u>	President	
2. <u>Boyd Harbourt</u> Residence Address <u>8 Market St. &amp; So. Main</u> <u>Phillipsburg, NJ 08865</u>	Vice President	
3. <u>Gail A. Griswold</u> Residence Address <u>207 Vassar Rd. - St. St. Augustine, FL 32086</u>	Treasurer	Active Broker
4. <u>Peggy Durham</u> Residence Address <u>101 Caribe Vista Way - St. Aug. 32080</u>	Secretary	
5. <u>Kathy Wiles</u> Residence Address <u>RR Box 566 - Hampton Bays, NY 11946</u>	Director	

I further certify that none of the persons listed have been convicted for the violation of any law of the State, the United States, or any other State; that none of the persons listed have had any license, registration or other authority to do business denied, suspended, or revoked by any board, commission, agency or association, and that the Corporation or Partnership and each of the persons listed is entitled to receive a registration certification according to the status shown above, under the provisions of Chapter 475, F.S., and the rules of the Florida Real Estate Commission.

Signature Gail A. Griswold (Title) Treasurer/Broker  
of active broker/officer  
CQ-0258603  
Corporation or Partnership license number

## RENEWAL INFORMATION

\*\* NOTE: FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE. \*\*

This renewal form is used to request registration for a Corporation or Partnership. Active officers, directors or firm members who have a regular license status must renew on separate forms.

Witness my authorized signature this 10th day of March 2001

Doc # K68104 Attachment

6. Robert Hook  
909 Lotus Ln. So.  
Jacksonville, FL 32259

  
Director



Doc # K68104

Attachment  
A071883MAKE CHECKS PAYABLE TO:  
Division of Real Estate  
DO NOT SEND CASH

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
DIVISION OF REAL ESTATE  
Hurst North Tower (407) 245-0800  
400 W. Robinson St., P.O. Box 1900, Orlando, FL 32802-1772

REQUEST FOR LICENSE OR CHANGE OF STATUS  
\*\* NOTE: FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE. \*\*

## CHECK ACTION REQUESTED

## SECTION A

<b>BROKER</b>	<b>BROKER/SALESPERSON OR SALESPERSON</b>	<b>RENEWAL</b>
<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> BECOME ACTIVE/CHANGE EMPLOYER	RENEWAL BROKER \$95.00
<input type="checkbox"/> BECOME ACTIVE	<input type="checkbox"/> BECOME INACTIVE	<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE
<input type="checkbox"/> BECOME INACTIVE	<input type="checkbox"/> CHANGE RESIDENCE ADDRESS	
<input type="checkbox"/> CHANGE BUSINESS ADDRESS	<input type="checkbox"/> ADD OWNER/DEVELOPER	RENEWAL SALESPERSON \$85.00
<input type="checkbox"/> ADD OR DELETE TRADE NAME	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE
<input type="checkbox"/> TERMINATE LICENSE		
(BROKER SIGNATURE ONLY)	ACTIVE STATUS REQUIRES SIGNATURE OF LICENSE AND BROKER	<input type="checkbox"/> ADD P.A. \$30.00
<input type="checkbox"/> CHANGE RESIDENCE ADDRESS		<input type="checkbox"/> DELETE P.A. \$30.00
		<input type="checkbox"/> MULTIPLE LICENSE \$95.00

## SECTION B - TO BE COMPLETED BY LICENSEE APPLYING FOR CHANGE (PLEASE PRINT OR TYPE)

- License Number: BK -0507860 Telephone: (904) 471-6663  
E-Mail Address: oceangal@aig.com
- Name of Applicant: Gail A. Griswold
- Trade Name of Applicant (Sole Proprietor/Corp): \_\_\_\_\_
- Residence Mailing Address: 207 Vassar Rd.  
City, State and Zip Code: St. Augustine, FL 32086
- Business Address: 4600 AlA So. - St. Augustine, FL 32080
- Are you now, or with the issuance of this license will you become, an officer or director of any Real Estate Brokerage Corporation or a member of any Real Estate Brokerage partnership? ☒ Yes ☐ No  
If YES: Please show the name and license # of the entity: \_\_\_\_\_

- List the name of your last broker/employer or owner/employer: Summerhouse Rentals, Inc.

Applicant Sign Here: Gail A. Griswold Date: 3/10/01

SECTION C - TO BE COMPLETED BY BROKER/EMPLOYER ( ) or NON-LICENSED OWNER/EMPLOYER ( ) (check one)  
THIS SECTION MUST BE COMPLETED BY THE BROKER/EMPLOYER IF THE APPLICANT IS REQUESTING ACTIVE SALESPERSON OR BROKER-SALESPERSON STATUS.

- Name of employer: \_\_\_\_\_ Main License No: \_\_\_\_\_
- Business address: \_\_\_\_\_
- City, State & Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_
- Is the above supervised at a branch office? ( ) Yes ( ) No Branch License No: \_\_\_\_\_
- If yes, give address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_
- \*Certification\* The licensee named above will be supervised by me (or is being supervised by me) as shown in Section A above) pursuant to Chapter 475, Florida Statutes.  
Broker or Non-Licensed Owner Sign Here: Gail A. Griswold Date: 3/10/01

Doc # K68104 *Attachment*  
A071883

*336090*

6024932 STATE OF FLORIDA  
DEPARTMENT OF CHARTERED AND PROFESSIONAL REGULATION  
INVESTMENT REAL ESTATE

DATE	BATCH NUMBER	LICENSE NO.
10/26/2000	00900731	0307860

JIM BROOKER  
Named below IS LICENSED  
Under the provisions of Chapter 475, F.S.  
Expiration date: SEPT 30, 2002

GRESHAM, BAIL  
207 VASSAR RD  
ST. AUGUSTINE FL 32086

FL 132086

GREAT SEAL OF THE STATE OF FLORIDA  
IN GOD WE TRUST

JEFF BUSH  
GOVERNOR

ALVIN BINKLEY SEYER  
SECRETARY

DISPLAY AS REQUIRED BY LAW