

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90002 047 \*\*\*150.00

**DOCUMENT # P21910**

1. Entity Name

**GORDON PAGE ASSOCIATES, INC.**

Principal Place of Business

**777 GLOUCESTER STREET  
SUITE 401  
BRUNSWICK GE 31520  
US**

Mailing Address

**777 GLOUCESTER ST., SUITE 401  
P.O. BOX 1396  
BRUNSWICK GA 31521**

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 **58-1822277**

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

**DILLER, STEPHEN C.W.  
7236 STATE ROAD 52  
SUITE 10  
HUDSON FL 34667**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>S</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>DILLER, STEPHEN C.W.</b>     |                                 |
| STREET ADDRESS | <b>9870 LAKEVIEW DR</b>         |                                 |
| CITY-ST-ZIP    | <b>NEW PT RICHEY FL</b>         |                                 |
| TITLE          | <b>AS</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>BISHOP, JAMES A.</b>         |                                 |
| STREET ADDRESS | <b>777 GLOUCESTER ST. S.401</b> |                                 |
| CITY-ST-ZIP    | <b>BRUNSWICK GA</b>             |                                 |
| TITLE          | <b>PD</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>PAGE L.A.</b>                |                                 |
| STREET ADDRESS | <b>531 ANCLOTE ROAD C-12</b>    |                                 |
| CITY-ST-ZIP    | <b>TARPON SPRINGS FL 34689</b>  |                                 |
| TITLE          | <b>VPD</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>PAGE, L.E.</b>               |                                 |
| STREET ADDRESS | <b>531 ANCLOTE ROAD C-12</b>    |                                 |
| CITY-ST-ZIP    | <b>TARPON SPRINGS FL 34689</b>  |                                 |
| TITLE          | <b>D</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>PAGE, T.W.</b>               |                                 |
| STREET ADDRESS | <b>531 ANCLOTE ROAD C-12</b>    |                                 |
| CITY-ST-ZIP    | <b>TARPON SPRINGS FL 34689</b>  |                                 |
| TITLE          |                                 | <input type="checkbox"/> Delete |
| 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    |  |   |
| 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

**1-11-01**

Date

**(912) 264-2390**

Daytime Phone #

CR2E034 (10/00)