

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90442 019 \*\*\*158.75

UNSH240

**DOCUMENT # P93000038573**

1. Entity Name  
**THE GREAT SIERRA GROUP, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>13903 NW 67TH AVE.<br/>                 210<br/>                 MIAMI LAKES FL 33014<br/>                 US</b> | Mailing Address<br><b>P. O. BOX 820093<br/>                 S. FLORIDA FL 33082-3096<br/>                 US</b> |
|---|--|

**00043612**



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>65-0415857</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**NEUHART, GEORGE  
 774 N.W. 155 TERRACE  
 PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ 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 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 2001**

|   |  |  |
|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>V</b><br><b>NEUHART, LISA A</b><br><del><b>1 MATRICK COURT-<br/>BELLE MEAD NJ 08502</b></del> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>T</b><br><b>NEUHART, BRIAN K</b><br><b>1 MATRICK COURT<br/>BELLE MEAD NJ 08502</b>            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>P</b><br><b>NEUHART, GEORGE</b><br><b>774 NW 155TH TERR<br/>PEMBROKE PINES FL</b>             | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>V</b><br><b>HANELY, PETER O</b><br><b>1501 GREENVILLE HWY<br/>HENDERSONVILLE SC</b>           | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>S</b><br><b>OXLEY, ILEANA</b><br><b>16321 NW 111TH ST<br/>PEMBROKE PINES FL</b>               | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |  | <input type="checkbox"/> Delete            |

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>15359 NW 7th St<br/>Pembroke Pines, FL 33028</b>                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>15359 NW 7th St<br/>Pembroke Pines, FL 33028</b>                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>S<br/>Phyllis Neuhart<br/>774 NW 155th Ter<br/>Pembroke Pines, FL 33028</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Neuhart **George Neuhart** 4/19/01 305-822-8611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitally Signed

CR2E034 (10/00)