## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <b>P93000056959</b> 1. Entity Name						FILED					
G-P TWC, INC.						00 APR 20 PM 12: 22					
					_	SE	GRETARY LEATHASSI	OF ST	ATE		
Principal Place	e of Business	Mailing Address	Mailing Address			TAT	LIAHASS!	EE, FUC	IRIDA		
2295 CORPORATE BLVD. NW         PO BOX 5010           SUITE 222         BOCA RATON FL 33431-0810           BOCA RATON FL 33431         BOCA RATON FL 33431-0810						1 ( <b>30</b> 1( <b>31</b> (1) <b>(</b>	raida libii aalib bar	ži <b>na</b> jni <b>na</b> n <b>n</b> i	ALLEN ALLEN ALLEN ALLEN	ID 1831 /882	
2. Principal Pl	ace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WR	ITE IN THIS	SPACE		
City & State	•	City & State			<b>4</b> . F	El Number	65-04292	57.		alied For Applicable	
Zip	Country	Zip Coun		try	5. (	5. Certificate of Status Desired \$8.75 Additional Fee Required					
		Name	7. N	lame and Ad	Idress of New	Registered	Agent				
HERI 2295 SUIT		Street Address (P.O. Box Number is Not Acceptable)									
	A RATON FL 33431			City	FL				Zip Code		
8. The above named entity submits this statement for the purpose of changing its registers											
			•								
SIGNATURE _	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	Registere	d Agent signature rec	quired when re	instating)		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, 2000  Make Check Payable			00 Fee	will be \$550.0		1	on Campaign F Fund Contributi	~		May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12.		AD	DITIONS/CH	IANGES TO OF	FICERS AN	D DIRECTORS		
TITLE NAME	PSDT Delete TIT NA			į.					☐ Change	Addition	
STREET ADDRESS	RESS 2295 CORPORATE BLVD NW #222			EET ADDRESS				~~~	occ		
CITY-ST-ZIP TITLE	BOCA RATON FL 33431  VAS   Delete						_미도 /	311 /HRE	<u>0568</u> -01020-	"L'UAlidition I	
NAME	HERRICK, HOWARD			E			**1	1747.5	50 ****	158.75	
STREET ADDRESS   CITY-ST-ZIP	( 20 COMMONITI FL			ET ADDRESS '-ST-ZIP							
TITLE	VAS	☐ Delete	TITL	E					☐ Change	Addition	
NAME STREET ADDRESS	HERRICK, MICHAEL  2295 CORPORATE BLVD NW #222			eet address							
CITY-ST-ZIP	2293 CORFORATE DEVO IVI #222			-ST-ZIP							
TITLE NAME		☐ Delete	TITL	I					☐ Change	☐ Addition	
STREET ADDRESS			STRE	EET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP					Change	Addition	
TITLE NAME		☐ Delete	NAM								
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-2IP							
THILE		Delete	TITL						☐ Change	Addition	
NAME STREET ADDRESS			NAM	SET ADDRESS							
CITY-ST-ZIP			CITY	'-ST-ZIP						E	
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 of trustate 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.											
SIGNAT	M. C.			rI	rstär		4/17/00	57	1-241-98	10	
SIGNAL	SIGNATURE AND TYPED OR PRI	INTED NAME OF SIGNING OFFICER	OR DIREC				Date		Daytime Phone #		