

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000058208

1. Entity Name

GB INVESTMENT & COMPANY, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90117 043 \*\*\*158.75

0017562

Principal Place of Business

13350 INTERNATIONAL PKWY. #100  
JACKSONVILLE FL 32218  
US

Mailing Address

13350 INTERNATIONAL PKWY. #100  
JACKSONVILLE FL 32218  
US

2. Principal Place of Business

4561 Glen Kernan Pkwy E

3. Mailing Address

4561 Glen Kernan Pkwy E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number 59-3196207

Applied For

Not Applicable

Zip

32224

Country

USA

Zip

32224

Country

USA

5. Certificate of Status Desired ☒ XZ

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEAVERS, BOBBY L  
13350 INTERNATIONAL PKWY  
STE 100  
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name

Charles D. Graham

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

4561 Glen Kernan Pkwy E

City

Jacksonville

FL

Zip Code  
32224

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 Charles D. Graham President

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

TITLE	V	<input type="checkbox"/> Delete
NAME	BEAVERS, BOBBY L	
STREET ADDRESS	13350 INTERNATIONAL PKWY, #100	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRAHAM, CHARLES D.	
STREET ADDRESS	13350 INTERNATIONAL PKWY, #100	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAHAM, KAREN S	
STREET ADDRESS	13350 INTERNATIONAL PKWY, #100	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4561 Glen Kernan Pkwy E	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4561 Glen Kernan Pkwy E	
CITY-ST-ZIP	Jacksonville, FL 32224	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4561 Glen Kernan Pkwy E	
CITY-ST-ZIP	Jacksonville, FL 32224	
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 another filer empowered.

SIGNATURE:

Charles D. Graham

Charles D. Graham President

(904) 642-8448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)