

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000063863

1. Entity Name

GBU, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90080 018 \*\*\*150.00

Principal Place of Business

Mailing Address

124 OCEAN GARDEN  
P. O. BOX 927  
CAPE CANAVERAL FL 32920-0927

124 OCEAN GARDEN  
P. O. BOX 927  
CAPE CANAVERAL FL 32920-0927

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 **59-3202321**

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

HUNTER, HAROLD T II  
109 OCEAN GARDEN LANE  
CAPE CANAVERAL FL 32920

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, 2000 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	PSTD	<input type="checkbox"/> Delete
NAME	BENNIX, WILLIAM	
STREET ADDRESS	124 OCEAN GARDEN LANE	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	HUNTER, HAROLD T II	
STREET ADDRESS	108 OCEAN GARDEN LANE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GEDEON, KENNETH	
STREET ADDRESS	124 OCEAN GARDEN LANE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROICHER, CHARLES	
STREET ADDRESS	122 OCEAN GARDEN LANE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 197, 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

Date

Daytime Phone #

CR2E034 (9/99)