

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000067647

1. Entity Name

THE GREAT ALASKA/YUKON MINING & TRADING COMPANY

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90321 031 \*\*\*150.00

Principal Place of Business

Mailing Address

7600 DR PHILLIPS DR  
SUITE 2-137  
ORLANDO FL 32819  
US

P.O. BOX 1599  
WINTER PARK FL 32790

2. Principal Place of Business  
P.O. Box 616663

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State

Zip  
32861

Country  
US

Zip

Country

4. FEI Number 59-3207347

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

LIVINGSTON, EDWARD M  
628 ELLEN DR  
WINTER PARK FL 32789

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 DPST ☐ Delete  
NAME FLOUNDERS, ROBERT A  
STREET ADDRESS 7600 DR. PHILLIPS BLVD, SUITE 2-137  
CITY-ST-ZIP ORLANDO FL 32819

TITLE DPST ☒ Change ☐ Addition  
NAME Flounders, Robert A.  
STREET ADDRESS P.O. Box 616663  
CITY-ST-ZIP Orlando, FL 32861

TITLE DV ☐ Delete  
NAME BOLSTRIDGE, MICHAEL W  
STREET ADDRESS P.O. BOX 3561  
CITY-ST-ZIP SOLDOTNA AK 99669

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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  
Robert A. Flounders, President

Feb 28 2001 707-345-4861

Date

Daytime Phone #

CR2E034 (10/00)