

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000070464

1. Entity Name

GATE RIVERPLACE COMPANY

Principal Place of Business

9540 SAN JOSE BLVD
JACKSONVILLE FL 32257

Mailing Address

P O BOX 23627
JACKSONVILLE FL 32241-3627
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FOSTER, DAVID M
1300 RIVERPLACE BLVD
SUITE 1500
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

FOSTER, DAVID M

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

9540 SAN JOSE BLVD

City

JACKSONVILLE

FL

Zip Code
32257

8. The above named entity adopts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DAVID M FOSTER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/08/2000

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 NAME STREET ADDRESS CITY - ST - ZIP	D FOSTER, DAVID M 1300 RIVERPLACE BLVD JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SMITH, P J JR 9540 SAN JOSE BLVD JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS LUEDERS, JACK C JR 9540 SAN JOSE BLVD JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V/AS LUEDERS JACK C JR 9540 SAN JOSE BLVD JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V POUND, THOMAS D. 1301 RIVERPLACE BLVD JACKSONVILLE FL 32207	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GLAVIN, THOMAS M. 9540 SAN JOSE BLVD JACKSONVILLE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK C LUEDERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/00 (904) 448-2910

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)