

2001 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



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3208144

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

FOSTER, DAVID M
9540 SAN JOSE BLVD
JACKSONVILLE FL 32257

Name MCCORMACK, JAMES E

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

9540 SAN JOSE BLVD

City JACKSONVILLE

FL

Zip Code 32257

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

J.E. MCCORMACK, SECRETARY

4-16-01

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. ☐

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 D ☐ Delete
NAME FOSTER, DAVID M
STREET ADDRESS 1300 RIVERPLACE BLVD
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE DP ☐ Delete
NAME SMITH, P J JR
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE DVAS ☐ Delete
NAME LUEDERS, JACK C JR
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D/V/T/AS ☒ Change ☐ Addition
NAME LUEDERS, JACK C JR
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE V ☐ Delete
NAME POUND, THOMAS D.
STREET ADDRESS 1301 RIVERPLACE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32207

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

TITLE ST ☐ Delete
NAME GLAVIN, THOMAS M.
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE AS/AT ☒ Change ☐ Addition
NAME GLAVIN, THOMAS M.
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME MCCORMACK, JAMES E
STREET ADDRESS 9540 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32257

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

J.E. MCCORMACK, SECRETARY

4-16-01

Date

904 448 2910

Daytime Phone #

CR2E034 (10/00)