

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90016 028 ***150.00

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1. Entity Name

VCP-GATE PARKWAY, INC.



Principal Place of Business

3020 HARTLEY RD.
SUITE 300
JACKSONVILLE FL 32257

Mailing Address

3020 HARTLEY RD.
SUITE 300
JACKSONVILLE FL 32257

94051873



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3219972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARRELL, MARK T
3020 HARTLEY RD
SUITE 300
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDC ☐ Delete
NAME ROOD, JOHN D
STREET ADDRESS 3020 HARTLEY ROAD, STE 300
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE V ☐ Delete
NAME FARRELL, MARK T
STREET ADDRESS 3020 HARTLEY ROAD, STE 300
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VST ☐ Delete
NAME MORGAN, WILL
STREET ADDRESS 3020 HARTLEY ROAD, SUITE 300
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC ☒ Change ☐ Addition
NAME Rood, John D.
STREET ADDRESS 3020 Hartley Road, Suite 300
CITY-ST-ZIP Jacksonville, FL 32257

TITLE DP ☒ Change ☐ Addition
NAME Farrell, Mark T.
STREET ADDRESS 3020 Hartley Road, Suite 300
CITY-ST-ZIP Jacksonville, FL 32257

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William L. Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Morgan

March 17, 2004 (904) 260-3030

Date

Daytime Phone #