

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90123 032 \*\*\*150.00

**80089291**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000020037 (5)

1. Entity Name  
 GSC Management, Inc.

Principal Place of Business      Mailing Address  
 14071 No. Bayshore Drive      14071 No. Bayshore Drive  
 Maderia Beach, FL 33708      Maderia Beach, FL 33708

2. Principal Place of Business      3. Mailing Address  
 14071 No. Bayshore Dr.      14071 No. Bayshore Dr.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Maderia Beach, FL 33708      14071 No. Bayshore Dr.  
 Zip      Country      Zip      Country  
 33708      USA      33708      USA

4. FEI Number      Applied For  
 59-3234147      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  
 Zeoli, Sam, Jr.      Name  
 8413 Jacaranda Avenue      Street Address (P.O. Box Number is Not Acceptable)  
 Largo, FL 33777      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      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zeoli, Sam Jr.		NAME		
STREET ADDRESS	8413 Jacaranda Avenue		STREET ADDRESS		
CITY - ST - ZIP	Largo, FL 33777		CITY - ST - ZIP		
TITLE	PS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Clyde, Gregory S.		NAME		
STREET ADDRESS	14071 No. Bayshore Dr.		STREET ADDRESS		
CITY - ST - ZIP	Maderia Beach, FL 33708	<input type="checkbox"/> Delete	CITY - ST - ZIP		
TITLE			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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      Sam Zeoli, Jr. - Treasurer      04/29/2000      727-392-4444  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)