FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400064789 1. Entity Name GYPSY RIVER, INC.						Jan 21, 2002 8:00 am Secretary of State 01-21-2002 90068 025 ***150.00			
Principal Place of Business 3848 KILLEARN COURT TALLAHASSEE FL 32308			Mailing Address 804 LAKESHORE DR TALLAHASSEE FL 32312 US				1 1144 1144 1144 1		
2. Principal F	Place of Busin	ness	3. Mailing Address			T 1880:1880: 148 :1841: 4:01: 60:11 8811: 8811: 60:11	,	DIAE (BI) (BB)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS	S SPAÇE		
City & State			City & State		4.	4. FEI Number 59-3264414 Applied For Not Applicable			
Zìp	Zip Country		Zip Country		5.,	5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
BROWN, GENE D 3848 KILLEARN COURT TALLAHASSEE FL 32308					Name Street Address (P.O. Box Number is Not Acceptable)				
				City	City Zip Code				
		y submits this statement for	the purpose of changing its r	egistered office	or registered ag	gent, or both, in the State of Florida.			
SIGNATURE	Signature, typed	or printed name of registered agent an	nd title if applicable. (NOTE:	Registered Agent sign	nature required when re	einstating) 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, 2002 Fee will be \$550.00 Make Check Payable to Department of St		\$550.00	Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11. OFFICERS AND I			RECTORS	12.	AC	DDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NNCY KESHORE DRIVE SSEE FL 32312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IACOSIA	OLL TE GEOTE	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	6		Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	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:

1-10-02 (250)385-3069