

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008643

1. Entity Name

G-P NORT, INC.

Principal Place of Business

2295 CORPORATE BLVD NW  
SUITE 222 P O BOX 5010  
BOCA RATON FL 33431

Mailing Address

2295 CORPORATE BLVD NW  
SUITE 222 P O BOX 5010  
BOCA RATON FL 33431-0810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0554860

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

HERRICK, NORTON  
2295 CORPORATE BLVD NW  
SUITE 222 P O BOX 5010  
BOCA RATON FL 33431

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.

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  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST  
NAME NORTON HERRICK  
STREET ADDRESS 2295 CORPORATE BLVD N.W. STE. 222  
CITY-ST-ZIP BOCA RATON FL 33431



TITLE VPAS  
NAME HOWARD HERRICK  
STREET ADDRESS 20 COMMUNITY PL  
CITY-ST-ZIP MORRISTOWN NJ 07960



TITLE VPAS  
NAME MICHAEL HERRICK  
STREET ADDRESS 20 COMMUNITY PL  
CITY-ST-ZIP MORRISTOWN NJ 07960



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

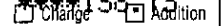


TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



000003230580-- 7  
-05/01/00--01020--001  
\*\*11747.50 \*\*\*158.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Howard Herrick 4/17/00 561-241-9880

FILED

00 APR 20 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)