

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90289 014 ***150.00

DOCUMENT # **P96000032708**

1. Entity Name
GWD MANAGEMENT COMPANY OF FLORIDA, INC.



Principal Place of Business
**9055 IBIS BLVD
WEST PALM BEACH FL 33412**

Mailing Address
**9055 IBIS BLVD
WEST PALM BEACH FL 33412**



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
65-0664619

Applies 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

**SPEER, GEORGE G
9055 IBIS BLVD
WEST PALM BEACH FL 33412**

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 of Secretary, President or partner, name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

4-30-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
First Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	DILLON, THOMAS H	
STREET ADDRESS	9055 IBIS BLVD	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VPD	☐ Delete
NAME	GALE, STANLEY C	
STREET ADDRESS	9055 IBIS BLVD	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	VP	☐ Delete
NAME	WILSON, CLIFFORD G	
STREET ADDRESS	9055 IBIS BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VP	☐ Delete
NAME	KITSON, SYDNEY W	
STREET ADDRESS	9055 IBIS BLVD	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	T	☐ Delete
NAME	LEEDER, MICHAEL G	
STREET ADDRESS	9055 IBIS BLVD	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		☐ Delete
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
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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)(a), Florida Statutes. Further, I 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 a director or officer 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR DIRECTOR

CR2F034 (10/02)