

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004039

1. Entity Name

G & M MANAGEMENT CORPORATION

FILED

Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90069 004 ***150.00

Principal Place of Business

1102 CROQUET LANE
SEBASTIAN FL 32958
US

Mailing Address

1102 CROQUET LANE
SEBASTIAN FL 33853-8492
US

2. Principal Place of Business

3812 Red Oak Ct
Suite, Apt. #, etc.

3. Mailing Address

3812 RED OAK CT
Suite, Apt. #, etc.
LAKE WALES

City & State

LAKE WALES, FL
Zip

Country

USA

City & State

LAKE WALES, Florida

Zip

33853

Country

USA

4. FEI Number

59-3445558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, MICHAEL A
1102 CROQUET LANE
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

Name HALL, MICHAEL A
Street Address (P.O. Box Number is Not Acceptable)
3812 RED OAK CT
City LAKE WALES FL Zip Code 33853

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MICHAEL HALL	
STREET ADDRESS	1102 CROQUET LANE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	V	<input type="checkbox"/> Delete
NAME	GILLIAN HAWKINS	
STREET ADDRESS	1102 CROQUET LANE	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL HALL	
STREET ADDRESS	3812 RED OAK CT	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIAN HAWKINS	
STREET ADDRESS	3812 RED OAK CT	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

GILLIAN HAWKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/13/00

Daytime Phone #

863 679 9779