FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000032052

GPC REGENTS CLUB, INC.

Principal Place of Business

Mailing Address

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90229 018 ***158.75



22332 VICK STREET CHARLOTTE HARBOR FL 33990	1305 E. PLANT STREET WINTER GARDEN FL 33 US			DO NOT WRITE IN THIS SP 3. Date Incorporated or Qualifed 04/01/1997	ACE
2. Principal Place of Business	2a. Mailing Address	<u></u>	- -	4. FEI Number	Applied For
2. Fillicipar Flace of Business	26 72 332	Vick S	ر هم ۱۷	/ 65-0765403	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>	,		\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
	28 Charlotte He	anbial L		Trust Fund Contribution	Added to Fees
Zip Cour	VI (FH - 1/1 // // //	Countr		8. This corporation owes the current year Intang	iible
24 25	29 73980	30 Cha	Notto	Personal Property Tax.	Yes □No
	Iress of Current Registered Agent	1		10. Name and Address of New Registered Ag	ent
		8	1 Name		
WEATHERFORD, WILLIAM P JR			82 Street Address (P.O. Box Number is Not Acceptable)		
1031 MORSE BLVD		18	2 Street	Address (F.O. Box Hamber is Not Acceptable)	
SUITE 105		8	3		
WINTER PARK FL 32789			1		OF Zin Code
		8-	4 City	FL	85 Zip Code
office or registered agent, or bo agent. I am familiar with, and a	oth, in the State of Florida. Such change was coept the obligations of, Section 607.0505,	is authorized o Florida Statute	y the corpo	corporation submits this statement for the purpose of characteristics of the appointment	ent as registered
12.	OFFICERS AND DIRECTORS	13.	ant agratoro to	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE 0	DELETE			9 11105 5 11100 For	hange Addition
-		1.2 NAME		LOVELACE. G. WINSTON & 1305 F. PLANT STREET WINTER GANDON FL 3478	
NAME LOVELACE, G. WINSTON STREET ADDRESS 5125 ADANSON STREET, SUITE 400			ET ADORESS	1305 F. PLOW S/11201	
ODLANDO EL 10		1.4 CITY-		winter GANDON FL 3478	37
TITLE D	DELETE				Change Addition
LOUFILOR O D	-	2.2 NAME			ļ
AAAAA MAMAATA			ET ADDRESS		
CHARLOTTE HAD		2. 4 CITY	•		
	DELETE				Change Addition
TITLE ."		3.2 NAME			Ì
NAME			ET ADDRESS		Ì
STREET ADDRESS		3.4. CITY		*	
CITY-ST-ZIP TITLE	☐ DELETE				Change Addition
NAME		4, 2 NAM			ĺ
STREET ADDRESS			ET ADDRESS		Ì
CITY-ST-ZIP		4.4 CITY			
TITLE	☐ DELETE			<u> </u>	Change Addition
NAME 1	_	5.2 NAME			
1 '		5.3 STRE	ET ADORESS	'	
		5.4 CITY-	-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE			Change Addition
NAME		6.2 NAMI	.		Ì
		6.3 STRE	ET ADDRESS		
STREET ADDRESS		6.4 CITY			
14. Thereby certify that the informa	ation supplied with this filing does not qualify			in Section 119.07(3)(i), Florida Statutes. I further certify	that the information

indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.