

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032052

1. Entity Name

GPC REGENTS CLUB, INC.

Principal Place of Business

22332 VICK STREET  
CHARLOTTE HARBOR FL 33980

Mailing Address

22332 VICK STREET  
CHARLOTTE HARBOR FL 33980-2053  
US

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

65-0765403

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

WEATHERFORD, WILLIAM P JR  
1031 MORSE BLVD  
SUITE 105  
WINTER PARK FL 32789

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	D	<input type="checkbox"/> Delete
NAME	LOVELACE, G. WINSTON	
STREET ADDRESS	1305 E PLANT STREET	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOVELACE, C. BAHNSON	
STREET ADDRESS	22332 VICK STREET	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 #

WINSTON LOVELACE 04/30/01 407-877-5100  
WINSTON LOVELACE 04/24/00 407-877-5100

FILED  
May 22, 2001 8:00 am  
Secretary of State

05-22-2001 90008 004 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)