## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000038643 Jul 21, 2000 8:00 am 1. Entity Name **Secretary of State** GATEWAY REALTY OF ELLISVILLE.FLORIDA(INC) 04-27-2000 90127 002 \*\*\*150.00 Mailing Address Principal Place of Business Route 2, Box 5158 Route 2, Box 5158 Lake City, Fla 32024 Lake City, Fla 32024 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3483034 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAME AS BEFORE Street Address (P.O. Box Number is Not Acceptable) BREWER, G. DAVID 1420 5, 197 9 PROST Zip Code City LAKE CITY IFLA 32024 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be \_10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (66/6)☐ Addition Change TITLE . Delete PVP NAME NAME CR2E034 VALK, JOHANNES H STREET ADDRESS STREET ADDRESS Route 2, Bôx 5158 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY, FLA 32024 Change Addition TITLE TITLE Delete NAME NAME TS STREET ADDRESS STREET ADDRESS VALK, JOHANNES H CITY-ST-ZIP CITY-ST-ZIP Route 2, Box 5158 ☐ Addition ☐ Change ☐ Delete TITLE LAKE CITY.FLA 32024 MAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

PRESIDENT

6/2000 904-755-3675

P97000038643(Attacheness)



308574

## FEORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 15, 2000

GATEWAY REALTY OF ELLISVILLE, INC. ROUTE 2, BOX 5158 LAKE CITY, FL 32024 US

SUBJECT: GATEWAY REALTY OF ELLISVILLE, INC.

Ref. Number: P97000038643

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following:

The form submitted is not suitable for archiving. Please complete the enclosed form and return to our office.

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously-filed with this office, the new agent must accepting the designation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Sean Toner Senior Section Administrator

Letter Number: 500A00034219

Dear Mr. Sean Toner,
We regret the many difficulties encountered in this registration.
We assume that in the process of address modification, the postal service never delivend the usual form ,send out by your office.
We have had similar reports from other agencies sending us mail, but, which for unknown reasons was returned to sender.
Sincerely

Jo Vall

DOCUMENT # P9700038643  1. Entity Name GATEWAY REALTY OF ELLISVILLE, INC.					A	A Hachment 308574		
Principal Place of Business Mailing Address				<del></del>		1 2085/7		
ROUTE 2. BOX 5158 LAKE CITY FL 32024 US		ROUTE 2. BO	ROUTE 2. BOX 5158 LAKE CITY FL 32024					
2. Principal P	face of Business	3. Mailing Ad	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & Stat	City & State		<b>4.</b> F	FEI Number 59-3483034 Applied For Not Applicable		
Zip	Country	Zip	-	Country		Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name and Address of Cu			Name		Name and Address of New Registered Agent		
BREWER, G. DAVID 1420 S. 1ST ST. LAKE CITY FL 32025				Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!!  After SEPTEMBER 13,					e \$750.00	10. Election Campaign Financing Trust Fund Contribution.  DATE  \$5.00 May Be Added to Fees		
			neck Payable	to Department		DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALK, JOHANNES ROUTE 2, BOX 5158 LAKE CITY FL 32024	AND DIRECTORS	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANE OTT TE GEVEN	[	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZÎP		С	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS	}		□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition		

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CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition