2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

FILED DOCUMENT # **P97000057023** Sep 18, 2000 8:00 am 1. Entity Name Secretary of State GLENCROSS, INC. 09-18-2000 90003 034 ***550.00 Principal Place of Business Mailing Address 322 ELIZABETH ST. 322 ELIZABETH ST. KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0776008 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOHRMAN, DARRYL Street Address (P.O. Box Number is Not Acceptable) 322 ELIZABETH STREET KEY WEST FL 33040 Zip Code 8. The above named purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, PTD ■ Addition TITLE Change TITLE Delete **GLENCROSS. STEVEN** NAME NAME STREET ADDRESS STREET ADDRESS 499 APPELROUTH LANE CITY-ST-ZIP KEY WEST FL-33040 CITY-ST-ZIP Delete TITLE TITLE FÓHRMAN, DARRYL NAME NAME STREET ADDRESS STREET ADDRESS 322 ELIZABETH STREET CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP / 🔲 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport 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 empowered by execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or supplemental report is true