

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066199

1. Entity Name

G.C. HOMES, INC.

FILED

00 MAR 24 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

14425 COUNTRY WALK DR
MIAMI FL 33186
US

14425 COUNTRY WALK DR
MIAMI FL 33186-8103
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0803713

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

SCHUMER, KARL J
200 SOUTH BISCAYNE BOULEVARD
20TH FLOOR
MIAMI FL 33131

Name

Schumer, Karl J.

Street Address (P.O. Box Number is Not Acceptable)

9400 S Dadeland Blvd.

Suite 600

City

Miami

FL

Zip Code 33156

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)

3/22/2000
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 PD ☐ Delete
NAME GARCIA-CARILLO, MICHAEL A
STREET ADDRESS 14425 COUNTRY WALK DR
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME SCHUMER, KARL J
STREET ADDRESS 200 SOUTH BISCAYNE BLVD, 20TH FL
CITY-ST-ZIP MIAMI FL 33131

TITLE ☒ Change ☐ Addition
NAME 9400 S. Dadeland Blvd. #600
STREET ADDRESS
CITY-ST-ZIP Miami FL 33156

TITLE S ☐ Delete
NAME GARCIA-CARRILLO, PEDRO SR
STREET ADDRESS 14425 COUNTRY WALK DR
CITY-ST-ZIP MIAMI FL 33186

TITLE ☒ Change ☒ Addition
NAME V, T, S, D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 700000319186
STREET ADDRESS -03/31/00-01066-016
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/2000

305 6666111

CR2E034 (9/99)