

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90058 036 ***150.00

80037465

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000106219 (3)

1. Entity Name

GMRI Florida, Inc.

Principal Place of Business

5900 Lake Ellenor Drive
Orlando, FL 32809

Mailing Address

5900 Lake Ellenor Drive
Orlando, FL 32809

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

59-3480944

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	James D. Smith	
STREET ADDRESS	5900 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	Richard J. Walsh	<input type="checkbox"/> Delete
NAME	5900 Lake Ellenor Drive	
STREET ADDRESS	Orlando, FL 32809	
CITY-ST-ZIP	VP	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Robert F. Faisant	
STREET ADDRESS	6100 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	Asst. Treasurer	<input type="checkbox"/> Delete
NAME	Patrick Harrigan	
STREET ADDRESS	6100 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	S	<input type="checkbox"/> Delete
NAME	James O. McIntosh	
STREET ADDRESS	6000 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE	T	<input type="checkbox"/> Delete
NAME	Williams R. White, III	
STREET ADDRESS	6100 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, FL 32809	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

Patrick Harrigan

Patrick Harrigan

3/1/2000

407.245.5542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)