

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA7000106699

1. Entity Name

Gainesville Institute of Self Defense, Inc.
(renewing registration)

Principal Place of Business

Mailing Address

602 NW 75th Street
Suite C Tower Plaza
Gainesville FL 32607

- same -

2. Principal Place of Business

602 NW 75th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

City & State

City & State

Gainesville FL

Zip

Country

Zip

Country

32607

USA

6. Name and Address of Current Registered Agent

Mr. Steven W. Hunter
Mr. Sergio G. Barriga
Gainesville Institute of Self Defense
2455 McMullen Booth Rd Suite K
Clearwater FL 33759 - USA

7. Name and Address of New Registered Agent

Name

Mr. Steven Wayne Hunter

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

602 NW 75th Street

City

Suite C

Gainesville

FL

Zip Code

32607

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

Steven L. Hunter - owner / President (formerly Vice President)

2-29-00

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	<u>President (Director)</u> <input checked="" type="checkbox"/> Delete
NAME	<u>Sergio G. Barriga</u>
STREET ADDRESS	<u>2455 McMullen Booth Rd Suite K</u>
CITY-ST-ZIP	<u>Clearwater FL 33759</u>
TITLE	<u>Vice President (Director)</u> <input checked="" type="checkbox"/> Delete
NAME	<u>Steven W. Hunter</u>
STREET ADDRESS	<u>602 NW 75th Street Suite C</u>
CITY-ST-ZIP	<u>Gainesville FL 32607</u>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<u>President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Steven W. Hunter</u>
STREET ADDRESS	<u>602 NW 75th Street Suite C</u>
CITY-ST-ZIP	<u>Gainesville FL 32607</u>
TITLE	<u>Vice President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Mai G. Hunter</u>
STREET ADDRESS	<u>602 NW 75th Street Suite C</u>
CITY-ST-ZIP	<u>Gainesville FL 32607</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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******158.75 ****158.75**

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:

Steven L. Hunter - President/owner GUSD, Inc. 2-29-00 (352) 332-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

00 MAR -2 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE