## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

SIGNATURE:

with at other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # **P97000107437** Feb 20, 2000 8:00 am **Secretary of State** GATEWAY MARKETING & CONSULTING, INC. 02-20-2000 90055 018 \*\*\*158.75 Mailing Address Principal Place of Business 145 YACHT CLUB WAY #308 145 YACHT CLUB WAY #308 HYPOLUXO FL 33462-6028 HYPOLUXO FL 33462 3. Mailing Address 2. Principal Place of Business 91 PLEASHLT WOOD DAIVE C/O CHARLES TOOL Suite, Apt. #, etc. 191 PLEASANT WOOD DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0801618 WELLINGTON FL Not Applicable Wellington PALM BENCH \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOAL, CHARLES P JR. Street Address (P.O. Box Number is Not Acceptable) 191 PLEASANT WOOD DRIVE **WELLINGTON FL 33414** City Zip Code FL 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 DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. FEINEN, MURTIN J III TITI F TITLE Delete FEINEN, MARTIN J III NAME NAME GATEWAY CLUB 3820 MAX PLACE # 204 STREET ADDRESS 145 YACHT CLUB WAY 3308 STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH FL 33436 CITY-ST-ZIP HYPOLUXO FL 33462 ☐ Change ☐ Addition TITLE ☐ Delete TITLE TOAL, CHARLES P JR. NAME NAME STREET ADDRESS 191 PLEASANT WOOD DRIVE STREET ADDRESS WELLINGTON FL 33414 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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