

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022850

1. Entity Name

GATSBY'S DEVELOPMENT CORP.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90129 007 ***150.00

Principal Place of Business

Mailing Address

5713 CORPORATE WAY
 SUITE 200
 WEST PALM BEACH FL 33407

5713 CORPORATE WAY
 SUITE 200
 WEST PALM BEACH FL 33407-2045

b0034294



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5113 Corporate Way
 Suite, Apt. #, etc.
 Suite 100

City & State
 West Palm Beach

Zip
 33407

Country
 USA

3. Mailing Address

5113 Corporate Way
 Suite, Apt. #, etc.
 Suite 100

City & State
 West Palm Beach

Zip
 33407

Country
 USA

4. FEI Number 06-1511503

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HACKNEY, ROBERT C ESQ.
 4400 PGA BOULEVARD
 SUITE 505
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Benjamin Brown

Street Address (P.O. Box Number is Not Acceptable)
 319 Clematis Street # 1000

City
 West Palm Beach

FL

Zip Code
 33401

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

Signature

(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 D
 NAME GRAHAM, ANTHONY
 STREET ADDRESS 4400 PGA BLVD. SUITE 505
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

☐ Delete

TITLE
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
 NAME Graham, Anthony
 STREET ADDRESS 5113 Corporate Way #100
 CITY-ST-ZIP West Palm Beach FL 33407

☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)