

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98-28558**

1. Entity Name
Garden City MO Holdings, Inc.

Principal Place of Business Mailing Address
2770 White Wing Lane
West Palm Beach, FL 33409

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 **65-0847712** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED
00 MAY -4 PM 4:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

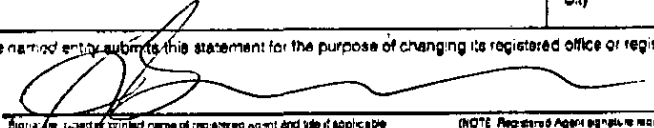
b. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

J. Simmons
2770 White Wing Lane
West Palm Beach, FL 33409

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  DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE FILING FEE IS \$180.00
2000 FILING FEE IS \$180.00
Check Website at 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 NAME STREET ADDRESS CITY-ST-ZIP	J. Simmons 2770 White Wing Ln West Palm Beach, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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20000324
-05/11/00-01014-011
*****600.00 *****150.00

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:  J. Simmons Date 5/3/00

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CIT 603 1403213

TS