

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037918

1. Entity Name
GTBP, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90040 039 ***150.00

Principal Place of Business 3660 W KING ST COCOA FL 32926	Mailing Address 3660 W KING ST COCOA FL 32926-4127
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>Grandpa's STEAK House</i>	3. Mailing Address
Suite, Apt. #, etc. <i>3660 W. King St.</i>	Suite, Apt. #, etc.
City & State <i>COCOA, FL.</i>	City & State
Zip <i>32926</i>	Country <i>USA</i>

4. FEI Number 59-3506746	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUMM, GREGORY A
3660 W KING ST
COCOA FL 32926

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 *Barbara E. Ervin* **BARBARA E. ERVIN.** *S-30-00*
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUMM, GREGORY A 3770 S SHERWOOD CIRCLE COCOA FL 32926 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUMM, PATRICIA A 3770 S SHERWOOD CIRCLE COCOA FL 32926 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERVIN, TOMMY G 2543 HATHAWAY DR COCOA FL 32926 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERVIN, BARBARA E 2543 HATHAWAY DR COCOA FL 32926 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cheryl Aiello 2545 Stratford Dr COCOA, FL 32926 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Barbara E. Ervin* **BARBARA E. ERVIN** *S-30-00* *321-636-4532*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E 334 (9/95)