

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90022 025 \*\*\*150.00

**DOCUMENT # P98000051010**  
 1. Entity Name  
**GP MANAGEMENT SERVICES, INC.**

Principal Place of Business <b>2500 S.E. MIDPORT ROAD          PORT ST. LUCIE FL 34952</b>	Mailing Address <b>POST OFFICE DRAWER 9220          PORT ST. LUCIE FL 34985-9220</b>
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2. Principal Place of Business <b>1326 S.W. Biltmore St.</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Port St. Lucie, FL</b>	City & State
Zip <b>34982</b>	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0849262** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**ABERNETHY, BRUCE R JR.  
 900 VIRGINIA AVENUE  
 SUITE 6  
 FORT PIERCE FL 34982**

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 \_\_\_\_\_ (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	<b>D</b> <b>GREENMAN, JOSEPH</b> <b>90 SHORE ROAD</b> <b>BABYLON NY 11702</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GREENMAN, ELINORE</b> <b>3158 ROYAL BIRKDALE WAY</b> <b>DAYTONA BEACH FL 32124</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>GREENMAN, PETER</b> <b>6207 HALLEY COMMONS COURT</b> <b>FAIRFAX STATION VA 22039</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HEILPERN, SUSIE</b> <b>28 SEQUAMS LANE EAST</b> <b>WEST ISLIP NY 11295</b> <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	<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
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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:** **ELINORE GREENMAN** **4-12-00** **(561)337-3080**  
 SIGNATURE REQUIRED FOR PRINTED NAME OF REGISTERED AGENT Date Daytime Phone #

CR2E034 (9/99)