

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-13-2003 90082 026 ***150.00

DOCUMENT # P98000069787

1. Entity Name
PORT ORANGE GATEWAY CENTER, INC.



Principal Place of Business

**904 MAIN STREET
WINDERMERE FL 34786**

Mailing Address

**POST OFFICE BOX 730
WINDERMERE FL 34786**

2. Principal Place of Business

2813 S. HIAWASSEE RD.

3. Mailing Address

PO Box 730

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 108B

City & State

City & State

ORLANDO FL

WINDERMERE FL

Zip
32835

Country
USA

Zip
34786

Country
USA

6. Name and Address of Current Registered Agent

ICARDI, JEFFREY A

**237 LOOKOUT PLACE, STE 100
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name
DONALD M. HUBER

Street Address (P.O. Box Number is Not Acceptable)
2813 S. HIAWASSEE RD.

Suite 108B

City
ORLANDO FL 32835

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Donald M. Huber

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
HUBER, DONALD M
STREET ADDRESS
904 MAIN STREET
CITY-ST-ZIP
WINDERMERE FL 34786

☐ Delete

TITLE
VPST
NAME
HOOKE, DOUGLAS
STREET ADDRESS
5511 HANSEL AVE.
CITY-ST-ZIP
ORLANDO FL 32809

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
D
NAME
HUBER, DONALD M.
STREET ADDRESS
803 WHITFORD CT.
CITY-ST-ZIP
WINDERMERE FL 34786

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald M. Huber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)