

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070385

1. Entity Name

GATEWAY INTERNATIONAL (USA) INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90129 006 \*\*\*150.00

Principal Place of Business

Mailing Address

6807 TAMRA LANE  
JACKSONVILLE FL 32216

6807 TAMRA LANE  
JACKSONVILLE FL 32216-2829

2. Principal Place of Business

3. Mailing Address

6565 Beach Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 14

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32216

Duval

4. FEI Number 59-3539691

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORMICK, CHARLES  
6807 TAMRA LANE  
JACKSONVILLE FL 32216

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME MCCORMICK, CHARLES  
STREET ADDRESS 6807 TAMARA LN  
CITY-ST-ZIP JAX FL 32216 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME REEVES, ROBERT B  
STREET ADDRESS 6807 TAMARA LN  
CITY-ST-ZIP JAX FL 32216 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE Robert B Reeves, VP

Date

4/27/00

Daytime Phone #

904/725-9280

CR2E034 (9/99)