

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082261

1. Entity Name

GATEWAY AMERICAN BANCSHARES, INC.

FILED

May 07, 2000 8:00 am  
Secretary of State

05-07-2000 90030 050 \*\*\*150.00

Principal Place of Business

Mailing Address

1451 N.W. 62ND STREET  
SUITE 212  
FT. LAUDERDALE FL 33309-1953

1451 N.W. 62ND STREET  
SUITE 212  
FT. LAUDERDALE FL 33309-1953

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

65-0868863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

LYONS, JOHN J  
1451 N.W. 62ND STREET  
SUITE 212  
FT. LAUDERDALE FL 33309-1953

Name: Chaperon, John S.  
Street Address (P.O. Box Number is Not Acceptable):  
1451 NW 62nd Street  
Suite 212  
City: Ft. Lauderdale FL Zip Code: 33309-1953

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

John S. Chaperon

(NOTE: Registered Agent signature required when reinstating)

4/13/00

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	D	<input type="checkbox"/> Delete
NAME	LYONS, JOHN J	
STREET ADDRESS	1451 N.W. 62ND STREET, SUITE 212	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309-1953	
TITLE	C	<input type="checkbox"/> Delete
NAME	DWYER, JAMES W	
STREET ADDRESS	1451 NW 62ND ST STE 212	
CITY-ST-ZIP	FT LAUDERDALE FL 33309-1953	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ONEILL, JOHN P	
STREET ADDRESS	1451 NW 62ND ST STE 212	
CITY-ST-ZIP	FT LAUDERDALE FL 33309-1953	
TITLE	S	<input type="checkbox"/> Delete
NAME	WATERHOUSE, REGINA S	
STREET ADDRESS	1451 NW 62ND ST STE 212	
CITY-ST-ZIP	FT LAUDERDALE FL 33309-1953	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHOFIELD, WILLIAM A	
STREET ADDRESS	1451 NW 62ND ST STE 212	
CITY-ST-ZIP	FT LAUDERDALE FL 33309-1953	
TITLE	D	<input type="checkbox"/> Delete
NAME	GABRIEL, LAWRENCE J SR.	
STREET ADDRESS	1451 NW 62ND ST STE 212	
CITY-ST-ZIP	FT LAUDERDALE FL 33309-1953	

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chaperon, John S.	
STREET ADDRESS	1451 NW 62nd Street Suite 212	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309-1953	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kinni, Bob	
STREET ADDRESS	1451 NW 62nd Street Suite 212	
CITY-ST-ZIP	Ft. Lauderdale FL 33309-1953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

John Chaperon

4/13/00 (954) 772-0005

Date

Daytime Phone #

CR2E034 (9/99)