

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086636

1. Entity Name

G & G AMUSEMENT, INC.

**FILED**  
May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90223 008 \*\*\*150.00

Principal Place of Business

Mailing Address

16716 N.E. 21ST STREET  
GAINESVILLE FL 32609

16716 N.E. 21ST STREET  
GAINESVILLE FL 32609-4434

2. Principal Place of Business

20913 NW 91st St

Suite, Apt. #, etc.

3. Mailing Address

20913 NW 91st St

Suite, Apt. #, etc.

City & State

Alachua FL

Zip

32615

Country

USA

City & State

Alachua FL

Zip

32615

Country

USA

4. FEI Number

59-3537233

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

HILL, WILSON GRANT  
2001 NW 6TH ST, APT 6  
GAINESVILLE FL 32609

Name Hill, Wilson Grant

Street Address (P.O. Box Number is Not Acceptable)  
20913 NW 91st St

City Alachua

FL

Zip Code 32615

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	PD	<input type="checkbox"/> Delete
NAME	HILL, WILSON GRANT	
STREET ADDRESS	2001 NW 6TH ST, APT 6	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, WILSON GRANT	
STREET ADDRESS	20913 NW 91st St	
CITY-ST-ZIP	Alachua FL 32615	
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		
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:

WILSON GRANT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 (904) 462-7013

CR2E034 (9/99)