

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90074 044 ***150.00

DOCUMENT # P98000093648

1. Entity Name

GC Ventures, Inc.

Principal Place of Business

Mailing Address

4913 W. Alva St.
 Tampa, FL 33614

2. Principal Place of Business

15310 Amberly Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

250

City & State

Tampa, FL

City & State

Zip

33647

Country

USA

Zip

Country

4. FEI Number

59-3541492

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

Steven D. George
 4413 W. Alva St.
 Tampa, FL 33614

Name

Steven D. George

Street Address (P.O. Box Number is Not Acceptable)

15053 Silversmith Circle

City

Brooksville

FL

Zip Code

33609

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

STEVEN D. GEORGE, President

[Signature]

3-5-01

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, 2001 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 ☐ Delete
NAME Steve
STREET ADDRESS
CITY-ST-ZIP

TITLE President *S/T/D* ☐ Change ☒ Addition
NAME Steven D. George
STREET ADDRESS 15053 Silversmith Circle
CITY-ST-ZIP Brooksville, FL 34609

TITLE ☒ Delete
NAME Vice President
STREET ADDRESS William Shire
CITY-ST-ZIP 4413 W. Alva St.
 Tampa, FL 33614

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

TITLE ☒ Delete
NAME Vice President
STREET ADDRESS Joseph Oliver
CITY-ST-ZIP 4413 W. Alva St.
 Tampa, FL 33614

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-01

813-927-4877

CR2E034 (1/100)