

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104912

1. Entity Name

GMRI CAPITAL CORPORATION

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90117 003 ***150.00

Principal Place of Business

Mailing Address

5900 LAKE ELLENOR DRIVE
ORLANDO FL 32809

5900 LAKE ELLENOR DRIVE
ORLANDO FL 32809-4634

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 **59-3547331**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	DVP	<input type="checkbox"/> Delete
NAME	WILLIAMS, GEORGE T	
STREET ADDRESS	6000 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCINTOSH, JIM	
STREET ADDRESS	6000 LAKE ELLENOR DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, JAMES D	
STREET ADDRESS	5900 LAKE ELLENOR DR	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FAISANT, ROBERT	
STREET ADDRESS	6100 LAKE ELLENOR DR	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GARDINER, JOHN	
STREET ADDRESS	6100 LAKE ELLENOR DR	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CLEVERSEY, DIANE	
STREET ADDRESS	6000 LAKE ELLENOR DR	
CITY-ST-ZIP	ORLANDO FL 32809	

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		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Patrick Harrigan	
STREET ADDRESS	6100 Lake Ellenor Drive	
CITY-ST-ZIP	Orlando, FL 32809	
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: *Patrick Harrigan* Patrick Harrigan

2/21/00

407.245.5542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)