

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107863

1. Entity Name

GRAPHIC COMMUNICATION MANAGEMENT, INC.

FILED

May 11, 2000 8:00 am
Secretary of State

05-11-2000 90344 029 ***150.00

Principal Place of Business

Mailing Address

7600 SOUTHLAND BLVD., SUITE 100-209
ORLANDO FL 32809

7600 SOUTHLAND BLVD., SUITE 100-209
ORLANDO FL 32809-6975

2. Principal Place of Business

3. Mailing Address

221 B EAST PARK DR

PO Box 470801

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CELEBRATION FL

City & State

CELEBRATION FL

4. FEI Number

593550247

Applied For

Not Applicable

Zip

Country

34747 US

Zip

Country

34747 US

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Michael Johnson

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

221 B EAST PARK Drive

City

CELEBRATION

FL

Zip Code

34747

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

04/26/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
JOHNSON, MICHAEL J
501 NORTH ORLANDO AVENUE
WINTER PARK FL 32789

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
JOHNSON, Michael J
221 B EAST PARK DR
CELEBRATION FL 34747

☒ 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

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

TITLE
NAME
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

Date

Daytime Phone #

SIGNATURE: [Signature] /ris/ceo

04/26/00

4075668026

CR2E034 (9/99)