

2001 UNIFORM BUSINESS REPORT (UBR)

0062887

DOCUMENT # P98000107966

1. Entity Name:

GORILLA REALTY MANAGEMENT CORPORATION

FILED

01 MAY 29 PM 4: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

ac 5/29

Principal Place of Business

Mailing Address

609 VIRGINIA DR.
ORLANDO FL 32803

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ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3549335**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WEATHERFORD, WILLIAM P JR.
1031 WEST MORSE BLVD., STE. 105
WINTER PARK FL 32789**

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, 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 **P**
STREET ADDRESS **PENDERGRAFT, IV, MD, JAMES S**
CITY-ST-ZIP **1103 LUCERNE TERR
ORLANDO FL 32806**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **T**
STREET ADDRESS **ANDREW R. INEBNIT**
CITY-ST-ZIP **1665 S. KIRKMAN ROAD
ORLANDO, FL 32811**

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 **100004326491--9**
STREET ADDRESS **-05/29/01--01142--017**
CITY-ST-ZIP ******150.00 ****150.00**

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

James S. Pendergraft IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

JAMES S. PENDERGRAFT IV

Date

5/23/01

(407)

228-2808

Daytime Phone #

CR2E034 (10/00)