

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010910

1. Entity Name

G. T. PRODUCTIONS, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90019 039 ***550.00

Principal Place of Business

~~2024~~ SOUTH GROVE STREET, STE. B
EUSTIS FL 32726

Mailing Address

~~2024~~ SOUTH GROVE STREET, STE. B
EUSTIS FL 32726

2. Principal Place of Business

2824 S. Grove St.

3. Mailing Address

2824 S. Grove St.

Suite, Apt. #, etc.

Ste. B

Suite, Apt. #, etc.

Ste. B

City & State

Eustis, FL

City & State

Eustis, FL

Zip

32726

Country

Lake

Zip

32726

Country

Lake

4. FEI Number

59-3606165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUDZYNSKI, JAMES R

28024 SOUTH GROVE STREET, STE. B

EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name

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

2824 S. Grove St

Ste. B

City

Eustis

FL

Zip Code

32726

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE ☐ Delete
NAME BUDZYNSKI, JAMES R
STREET ADDRESS 28024 SOUTH GROVE STREET, STE. B
CITY-ST-ZIP EUSTIS FL 32726

TITLE ☐ Delete
NAME CLEAVER, DAVID G
STREET ADDRESS 36121 VIA GRAN
CITY-ST-ZIP GRAND ISLAND FL 32735

TITLE ☒ Delete
NAME VERKAIK, ROLAND R
STREET ADDRESS 750 SUMMIT STREET
CITY-ST-ZIP EUSTIS FL 32726

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 David G Cleaver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.11.00

352-589-2695

Date

Daytime Phone #

CR2E034 (5/00)