

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026859

1. Entity Name

GCF PROJECT MANAGEMENT, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90080 022 ***150.00

Principal Place of Business

1342 COLONIAL BOULEVARD, SUITE K-121
FORT MYERS FL 33907

Mailing Address

1342 COLONIAL BOULEVARD, SUITE K-121
FORT MYERS FL 33907-1013

2. Principal Place of Business

1342 Colonial Blvd
Suite, Apt. #, etc.
E-39
City & State
Fort Myers, FL
Zip
33907

3. Mailing Address

1342 Colonial Blvd
Suite, Apt. #, etc.
E-39
City & State
Ft Myers, FL
Zip
33907



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0933167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required -

6. Name and Address of Current Registered Agent

BAUMAN, ANDREW M
1342 COLONIAL BOULEVARD, SUITE K-121
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name
Andrew M. Bauman
Street Address (P.O. Box Number is Not Acceptable)
1342 Colonial Blvd
Suite E-39
City
Ft Myers FL Zip Code
33907

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 Andrew Bauman Andrew Bauman 4/7/2000
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P-S-D
Gayle C. Farnsworth
10160 McGraw Blvd
Fort Myers, FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V-T-D
Andrew M Bauman
6574-2 mail Drive
Fort Myers, FL 33919 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: Gayle C. Farnsworth Gayle C. Farnsworth 4/7/2000 941-278-1970
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)