

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000057123**

1. Entity Name

**GDS-MAGNOLIA PLANTATION, INC.****FILED****May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90062 011 \*\*\*150.00

Principal Place of Business <b>7232 W. SAND LAKE ROAD, SUITE 200 ORLANDO FL 32819</b>	Mailing Address <b>7232 W. SAND LAKE ROAD, SUITE 200 ORLANDO FL 32819</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-3587549</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent****FINKBEINER, FRANK G ATTY  
7232 W. SAND LAKE ROAD, SUITE 200  
ORLANDO FL 32819****7. Name and Address of New Registered Agent**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BIGMON, EDWARD R</b> <b>7232 W. SAND LAKE ROAD, SUITE 200</b> <b>ORLANDO FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres.</b> <b>Bignon, Edward R.</b> <b>7232 W Sand Lake Rd #200 - Orlando, FL 32819</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BIGMON, MARIE</b> <b>5921 CHESAPEAKE PK.</b> <b>ORLANDO FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. Pres.</b> <b>Bignon, Edward P.</b> <b>566 Saddell Bay Loop - Ocoee, FL 34761</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BIGMON, EDWARD P</b> <b>566 SADDLE BAY LOOP</b> <b>OCCOEE FL 32701</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Bignon, Marie</b> <b>5981 Chesapeake Pk - Orlando, FL 32819</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E34 (10/00)

*Moss and Reeves, P.A.*

*Certified Public Accountants*

480 N. Orlando Avenue, Suite 218  
Winter Park, Florida 32789

7232 Sand Lake Road, Suite 101  
Orlando, Florida 32819

(407) 894-5072 • Fax (407) 898-2981 • (407) 351-3568  
E-Mail: cpa@mossreeves.com

Attachment

999000057123

#648690

INSTRUCTIONS FOR FILING  
FLORIDA UNIFORM BUSINESS REPORT

GDS-Magnolia

Plantation, Inc.

April 14, 2001

Pooled

Enclosed in duplicate is your 2001 Uniform Business Report. Please review the corporate information contained therein. Upon your review and approval, please comply with the following filing instructions.

Signature: Sign and date at the bottom of page 1.  
Also include your telephone number.

Amount due:

\$ 150

Please make your check payable to "Department of State" and write your EIN and "2001 UBR" on the face of your check.

Mail to: Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Due Date:

Must be mailed no later than

May 1, 2001

Duplicate Copy: Retain for your files after indicating thereon the date the original was signed and mailed.

Please call if you have any questions.

Thank you for your business.

Sincerely,

Certified Public Accountants