

2000 UNIFORM BUSINESS REPORT (UBR)

5/4

DOCUMENT # P99000067198

1. Entity Name
GCEB 3, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

Principal Place of Business Mailing Address
~~PLANTATION RD~~ ~~7000 PLANTATION RD~~
~~FL 32504~~ ~~PENSACOLA FL 32504-6300~~
610 E. Nine Mile Rd. *- Same*
Pensacola, FL 32514

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 *59-3588783* Applied For
Not Applicable

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

KNOWLES, JAMES
7000 PLANTATION RD
PENSACOLA FL 32504

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]* DATE *4-19-00*

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	<i>D President</i>	<input type="checkbox"/> Delete
NAME	KNOWLES, JAMES	
STREET ADDRESS	7000 PLANTATION RD	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	<i>D Secretary Treasurer</i>	<input type="checkbox"/> Delete
NAME	GAMBRELL, HENRY B	
STREET ADDRESS	7000 PLANTATION RD	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	<i>D</i>	<input checked="" type="checkbox"/> Delete
NAME	CAGLE, CONNER	
STREET ADDRESS	7000 PLANTATION RD	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *H.B. Gambrell* *H.B. Gambrell* *4-11-00* *850-995-0679*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

SP