

2002 UNIFORM BUSINESS REPORT (UBR)

0035153 AV

DOCUMENT # P99000089975

1. Entity Name
GATEWAY INVESTMENT PARTNERS, INC.

Principal Place of Business
830 SOUTH THIRD STREET
SUITE 205
JACKSONVILLE BEACH FL 32250

Mailing Address
830 SOUTH THIRD STREET
SUITE 205
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business
13500 SUTTON PARK DRIVE SOUTH
SUITE 204

3. Mailing Address
13500 SUTTON PARK DRIVE S.
SUITE 204

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip Country
32224 USA

Zip Country
32224

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3603333

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

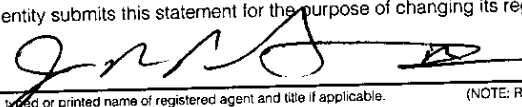
6. Name and Address of Current Registered Agent

PITCAIRN, JAMES R III
830 SOUTH THIRD STREET
SUITE 205
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name JAMES R PITCAIRN
Street Address (P.O. Box Number is Not Acceptable)
13500 SUTTON PARK DRIVE SOUTH
SUITE 204
City JACKSONVILLE, FL FL Zip Code 32224

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)

4/20/2002
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, 2002 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 D ☐ Delete
NAME PITCAIRN, JAMES R III
STREET ADDRESS 830 SOUTH THIRD STREET SUITE 205
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 100005509551-5
STREET ADDRESS -05/14/02--01064--006
CITY-ST-ZIP ****325.00 ****150.00

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2002
Date

904-982-0727
Daytime Phone #

CR2E034 (9/01)

FILED
02 APR 30 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

