

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2000 8:00 am**  
**Secretary of State**

06-02-2000 90008 017 \*\*\*150.00

DOCUMENT # **P990000 91116**  
 1. Entity Name  
**GORCO, INC**

Principal Place of Business Mailing Address  
**6507 W. WATER AVE #13** **6507 W. WATER AVE #13**  
**TAMPA, FL 33634** **TAMPA, FL 33612**

**103880**

2. Principal Place of Business 3. Mailing Address  
**8259 MALVERN CIR** **P.O. BOX 860502**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **TAMPA, FL** ~~33634~~ City & State **TAMPA, FL** 4. FEI Number **59-3603552** Applied For  
 Not Applicable  
 Zip **33634** Country **USA** Zip **33685** Country **USA** 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  
**CARITA M. WELLS** Name **JOHN V. TORTORELLO**  
**1435 W. BUSCH BLVD, STE A** Street Address (P.O. Box Number is Not Acceptable)  
**TAMPA, FL 33612** **4822 BONITA VISTA DR.**  
 City **TAMPA** FL Zip Code **33634**

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 **4/24/2000**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>P RONALD M. GORDON</b>
STREET ADDRESS		STREET ADDRESS	<b>8259 MALVERN CIR</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>TAMPA, FL 33634</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>V MASON A. GORDON</b>
STREET ADDRESS		STREET ADDRESS	<b>8259 MALVERN CIR</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>TAMPA, FL 33634</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>S CHRISTINE L. GORDON</b>
STREET ADDRESS		STREET ADDRESS	<b>8259 MALVERN CIR</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>TAMPA, FL 33634</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>T MICHELLE L. GORDON</b>
STREET ADDRESS		STREET ADDRESS	<b>8259 MALVERN CIR</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>TAMPA, FL 33634</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>V JOHN V. TORTORELLO</b>
STREET ADDRESS		STREET ADDRESS	<b>4822 BONITA VISTA DR.</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>TAMPA, FL 33634</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* DATE **4/24/2000** DAYTIME PHONE # **(713) 884-1082**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)