

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90025 003 ***150.00

DOCUMENT #

1. Entity Name
GWG DEVELOPMENT, INC.

P99000101671 ✓

Principal Place of Business

**631 PINEBROOK CIRCLE
PENSACOLA, FL 32533**

Mailing Address

**631 PINEBROOK CIRCLE
PENSACOLA, FL 32533**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**S. AVERY SMITH
ATTORNEY-AT-LAW
9843 HARLINGTON STREET
CANTONMENT, FL 32533**

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

S. Avery Smith
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/30/00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Delete
NAME **RALPH E. GORDON**
STREET ADDRESS **1211 E. GADSDEN STREET**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **PRESIDENT, SECRETARY, DIRECTOR** ☒ Change ☒ Addition
NAME **KIP M. WALKER**
STREET ADDRESS **631 PINEBROOK CIRCLE**
CITY-ST-ZIP **PENSACOLA, FL 32533**

TITLE **AMOS GORDON, TREASURER** ☒ Delete
NAME **AMOS GORDON, TREASURER**
STREET ADDRESS **1211 E. GADSDEN STREET**
CITY-ST-ZIP **PENSACOLA, FL 32501**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

Kip M. Walker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-00
Date

(850) 968-1383
Daytime Phone #

CR2E034 (9/99)