

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90070 029 ***150.00

DOCUMENT # P99000101949

1. Entity Name

GATEWAY COMMUNITY INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**4496 SOUTHSIDE BLVD., STE. 200
JACKSONVILLE FL 32216**

**4496 SOUTHSIDE BLVD., STE. 200
JACKSONVILLE FL 32216**

2. Principal Place of Business

5182 Norwood Ave.

3. Mailing Address

5182 Norwood Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number **59-3601684**

Applied For

Not Applicable

Zip **32208**

Country **Duval**

Zip **32208**

Country **Duval**

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

**SCHOU, MARK J
4496 SOUTHSIDE BLVD., STE. 200
JACKSONVILLE FL 32216**

Name **Lenelle B. Cruse**

Street Address (P.O. Box Number is Not Acceptable)

8219 Chester Lake Rd. N.

City **Jacksonville**

FL

Zip Code **32256**

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

Lenelle B. Cruse

Lenelle B. Cruse

1/30/01

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 **D** ☒ Delete
NAME **LEWIS, JOHN W**
STREET ADDRESS **4496 SOUTHSIDE BLVD., STE. 200**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **President** ☒ Change ☐ Addition
NAME **Lenelle B. Cruse**
STREET ADDRESS **8219 Chester Lake Rd. N.**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **D** ☒ Delete
NAME **LEWIS, ROBERT**
STREET ADDRESS **4496 SOUTHSIDE BLVD., STE. 200**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Cedric I. Cruse**
STREET ADDRESS **8219 Chester Lake Rd. N.**
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **D** ☒ Delete
NAME **LEWIS, EARL**
STREET ADDRESS **4496 SOUTHSIDE BLVD., STE. 200**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE **D** ☒ Delete
NAME **SCHOU, MARK J**
STREET ADDRESS **4496 SOUTHSIDE BLVD., STE. 200**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Lenelle B. Cruse **Lenelle B. Cruse** **1/30/01 (904) 765-6045**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)