

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S63391

1. Entity Name

THE GREAT NORTH SOUTH CORPORATION

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90017 035 ***150.00

Principal Place of Business	Mailing Address
300 5TH AVE SOUTH #101 SUITE 440 FL 32410	P. O. BOX 946 TRAVERSE CITY MI 49685-0946

2. Principal Place of Business	3. Mailing Address
11060 CARAVEL CIRCLE Suite, Apt. #, etc. UNIT 301 City & State FT MYERS FL Zip 33908-3976	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0270067	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAY, DAVID LEE 300 5TH AVE SOUTH #101 SUITE 440 NAPLES FL 34102	Name GRAY, DAVID LEE Street Address (P.O. Box Number is Not Acceptable) 11060 CARAVEL CIRCLE UNIT 301 City FT MYERS FL Zip Code 33908-3976

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)	DATE 1/30/00

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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 authority like empowered.

SIGNATURE:	 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 1/30/00	DAYTIME PHONE # (231) 326-5663
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CR2E034 (9/99)