

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90973 049 ***150.00

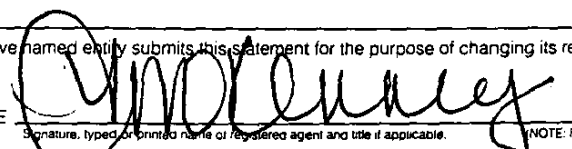
C0059197

DO NOT WRITE IN THIS SPACE

DOCUMENT # S64763			
4. Entity Name GANG OF FIVE, INC.			
Principal Place of Business 1028 Park Street		Mailing Address P.O. Box 1200	
Suite, Apt. #, etc. Suite 3A		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32202	Country USA	Zip 32201	Country USA

6. Name and Address of Current Registered Agent Guy T. Selander, Jr. 50 N. Laura Street Suite 2725 Jacksonville, FL 32202		7. Name and Address of New Registered Agent Name Ford Jeter Bowlus Duss & Morgan, P.A. Street Address (P.O. Box Number is Not Acceptable) Attn: Theresa M. Kenney, Esq. 10110 San Jose Boulevard City Jacksonville FL Zip Code 32257	
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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.

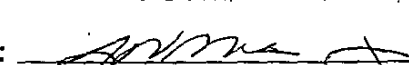
SIGNATURE  **4-17-01**

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. <input type="checkbox"/> (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. <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	
TITLE President <input checked="" type="checkbox"/> Delete	NAME Bruce A. Chambers	TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME G.W. Whitmire, Jr.
STREET ADDRESS 4230 Colonial Avenue	CITY-ST-ZIP Jacksonville, FL 32210	STREET ADDRESS 200 N. Laura Street, 10th Floor	CITY-ST-ZIP Jacksonville, FL 32202
TITLE Secretary/Treasurer <input checked="" type="checkbox"/> Delete	NAME Renita C. Chambers	TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Timothy J. Hall
STREET ADDRESS 4230 Colonial Avenue	CITY-ST-ZIP Jacksonville, FL 32210	STREET ADDRESS 1028 Park Street, Suite 3A	CITY-ST-ZIP Jacksonville, FL 32202
TITLE <input type="checkbox"/> Delete	NAME	TITLE Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Anne Wind Hall
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS 1028 Park Street Suite 3A	CITY-ST-ZIP Jacksonville, FL 32202
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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:  **4-18-01 904-358-2529**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #