

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000076349

1. Entity Name

GCI MANAGEMENT, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90021 011 ***150.00

Principal Place of Business

Mailing Address

5580 PARK BLVD., SUITE 3
 PINELLAS PARK FL 33781

5580 PARK BLVD., SUITE 3
 PINELLAS PARK FL 33781-3328

2. Principal Place of Business

12360 66TH ST. N., S.
 SUITE 9

3. Mailing Address

P.O. Box 1200
 SUITE, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PINELLAS PARK FL

City & State

PINELLAS PARK FL

4. FEI Number

59-3470794

Applied For

Not Applicable

Zip

33780

Country

US

Zip

33780-1200

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHERVITZ, NORTON
 3074 LANDMARK BLVD., UNIT 1501
 PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

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

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, 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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------|--------------------------------|-------------------------|---------------------------------|
| P | ELLIOTT, DOUGLAS W | 9100 9TH ST. N., #206 | ST. PETERSBURG FL 33702 | <input type="checkbox"/> |
| S | CHERVITZ, NORTON | 3074 LANDMARK BLVD., UNIT 1501 | PALM HARBOR FL 34684 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowers.

SIGNATURE:

NORTON CHERVITZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/27/00

Daytime Phone #

727-787-5232

CR2E034 (9/99)