

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818092

1. Entity Name

THE FRANK GATES SERVICE COMPANY

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90940 015 \*\*\*150.00

Principal Place of Business

Mailing Address

7380 SAND LAKE ROAD  
 SUITE 535  
 ORLANDO FL 32819

P.O. BOX 16580  
 COLUMBUS OH 43216-6580

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-4359765**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RINGERS, ANDREW L  
 DEAN RINGERS MORGAN & LAWTON  
 200 E ROBINSON ST, SUITE 1020  
 ORLANDO FL 32801

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, JENNY J	NAME	
STREET ADDRESS	240 FOXWOOD ROAD	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06903	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, J. ROBINSON	NAME	
STREET ADDRESS	4015 OLD POSTE ROAD	STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43221	CITY-ST-ZIP	
TITLE	DCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERLY, NILES C	NAME	
STREET ADDRESS	10545 WELLINGTON BLVD	STREET ADDRESS	
CITY-ST-ZIP	POWELL OH 43065	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERLY, ROBINSON M	NAME	
STREET ADDRESS	10442 E. WINDROSE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SCOTTSDALE AZ 85259	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, J. LUKE	NAME	
STREET ADDRESS	4762 MACALLAN COURT, EAST	STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADIGAN, JOSEPH J	NAME	
STREET ADDRESS	5517 CARNOUSTIE COURT	STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	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: SIGNATURE KA h-28-4 614-743-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)