

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H31596

1. Entity Name

GELLNER ENTERPRISES INCORPORATED

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90175 030 ***150.00

Principal Place of Business

3200 OVERLAND RD.
 P.O. BOX 608128
 ORLANDO FL 32860-8128
 US

Mailing Address

1132 SYMONDS AVE
 WINTER PARK FL 32789-3757
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2464616**

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

WILDER, CHARLES D
1132 SYMONDS AVE
WINTER PARK FL 32789

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Delete
 NAME: **DP GELLNER, CLARENCE V.**
 STREET ADDRESS: **2139 PALM TREE DR**
 CITY-ST-ZIP: **PUNTA GORDA FL 33950**

TITLE: Change Addition
 NAME: **DV GELLNER, CLARENCE V.**
 STREET ADDRESS: **3330 Antigua Drive**
 CITY-ST-ZIP: **PUNTA GORDA FL 33950**

TITLE: Delete
 NAME: **DTS GELLNER, SARAH**
 STREET ADDRESS: **2139 PALM TREE DR**
 CITY-ST-ZIP: **PUNTA GORDA FL 33950**

TITLE: Change Addition
 NAME: **DTS GELLNER, SARAH**
 STREET ADDRESS: **3330 Antigua Drive**
 CITY-ST-ZIP: **PUNTA GORDA FL 33950**

TITLE: Delete
 NAME: **DV GELLNER, MARK**
 STREET ADDRESS: **4926 LAKE CARLTON DRIVE**
 CITY-ST-ZIP: **MT DORA FL**

TITLE: Change Addition
 NAME: **DP Mark Gellner**
 STREET ADDRESS: **4926 Lake Carlton Drive**
 CITY-ST-ZIP: **MT. DORA FL 32757**

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

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: Mark A Gellner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 407 291-4717
 Date Daytime Phone #