

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063343

1. Entity Name

GAINES BURCH SURVEYING & MAPPING, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90065 002 ***150.00

Principal Place of Business

2223 MCGREGOR BLVD.
FT. MYERS FL 33901

Mailing Address

2223 MCGREGOR BLVD.
FT. MYERS FL 33901-3311

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0772204**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~ELIZABETH F GAINES~~
2223 MCGREGOR BLVD
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name **James D. Burch**
Street Address (P.O. Box Number is Not Acceptable)
2223 McGreggor Blvd.
City **Fort Myers** FL Zip Code **33901**

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	P	☒ Delete
NAME	GAINES, ELIZABETH F	
STREET ADDRESS	2223 MCGREGOR BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	V	☐ Delete
NAME	BURCH, JAMES D	
STREET ADDRESS	2223 M'GREGOR BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	S	☐ Delete
NAME	BURCH, JANET B	
STREET ADDRESS	2223 M'GREGOR BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/P	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/T	☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #