

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031603

1. Entity Name
GARY GERRARD, P.A.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90002 033 ***150.00

Principal Place of Business
107 PLATT ST Suite 3100, One Biscayne Tower
LEXINGTON GA 30648 2 Biscayne Blvd.
US Miami, FL 33131

Mailing Address
PO BOX 542
LEXINGTON GA 30648
US Same



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2 Biscayne Blvd.
Suite, Apt. #, etc.
Ste 3100

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Miami, FL

City & State

4. FEI Number 65-0407128

Applied For
Not Applicable

Zip
33131

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREIDIN, PHILIP
44 W. FLAGLER ST
STE 2500
MIAMI FL 33130

Name
Philip Freidin
Street Address (P.O. Box Number is Not Acceptable)
25 Biscayne Blvd.
Suite 3100, One Biscayne Tower
City Miami FL Zip Code 33131

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 _____ (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, 2001 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	DPST GERRARD, GARY 210 GILMER ST. 808 Brickell Key Dr. LEXINGTON GA Apt. 3967 miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)