

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 002086

1. Entity Name

GLEASON BROTHERS AND COMPANY

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90105 015 ***150.00

Principal Place of Business

Mailing Address

1300 PINETREE DR.

GEORGE G. HELLIER

STE 13

P.O. BOX 361546

HARBOUR BEACH FL 32937

MELBOURNE FL 32936-1546



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number ~~59-6058473~~

Applied For

596075200

Not Applicable

Zip

Country

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

KRASNY, MIKE
304 S. HARBOR CITY BLVD.
SUITE 201
MELBOURNE FL 32901

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
NAME
STRAVIS, MARY N
STREET ADDRESS
2815 S. ATLANTIC AVE. #603
CITY-ST-ZIP
COCOA BEACH FL

☐ Delete

TITLE
NAME
STRAVIS, MARY N.
STREET ADDRESS
2815 S. ATLANTIC AVE #603
CITY-ST-ZIP
COCOA BEACH FL

☒ Change ☐ Addition

TITLE
NAME
PD
HELLIER, GEORGE G.
STREET ADDRESS
420 CAMELIA TR
CITY-ST-ZIP
ST. AUGUSTING FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
D
O'MALLEY, CATHERINE G
STREET ADDRESS
6713 GILLEN ST
CITY-ST-ZIP
METARIE LA

☒ Delete

TITLE
NAME
ROB GORDON D
STREET ADDRESS
1601 43rd ST N
CITY-ST-ZIP
ST Petersburg FL 33713

☐ Change ☒ Addition

TITLE
NAME
D
GLEASON, NELL
STREET ADDRESS
270 POINCIANA DR.
CITY-ST-ZIP
IND. HARBOUR BCH FL

☒ Delete

TITLE
NAME
D
JANE MADRY
STREET ADDRESS
1817 Pineapple Ave
CITY-ST-ZIP
EAU GALIE FL 32935

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
ASSISTANT ST
L ARIE L. GLEASON
STREET ADDRESS
532 ANDROS LANE
CITY-ST-ZIP
INDIAN HARBOUR BEACH FL 32937.

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary Nell G. Travis Secretary/Treasurer 1/19/00 321-783-2194

CR2E034 (9/99)