

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90076 049 ***150.00

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DOCUMENT # 002086

1. Entity Name

GLEASON BROTHERS AND COMPANY

Principal Place of Business

**1300 PINETREE DR.
 STE. 13
 INDIAN HARBOUR BEACH FL 32937**

Mailing Address

**GEORGE G. HELLIER
 P.O. BOX 361546
 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

59-6075200

Applied For

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, 2002 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 **STD**
 STREET ADDRESS **TRAVIS, MARY N**
 CITY-ST-ZIP **2815 S. ATLANTIC AVE. #603**
COCOA BEACH FL

TITLE ☒ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **GORDON, BOB D** deceased
 CITY-ST-ZIP **1601 43RD ST N**
SAINT PETERSBURG FL 33713

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Robert Gordon**
 CITY-ST-ZIP **635 41st Ave**
St. Petersburg, FL 33703

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **GLEASON, LARIE L**
 CITY-ST-ZIP **532 ANDROS LANE**
INDIAN HARBOUR BEACH FL 32937

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **O'MALLEY, Catherine G**
 CITY-ST-ZIP **6713 GILLEN**
Metairie, LA 70003

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Catherine O'Malley**
 CITY-ST-ZIP **6713 GILLEN**
Metairie, LA 70003

TITLE ☐ Delete
 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:

Mary Travis, Secretary, Director 1/15/02 321-783-2194
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/01)