

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 223203

1. Entity Name

GLEED HOLDING COMPANY, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90054 005 \*\*\*150.00

Principal Place of Business

Mailing Address

ELEANOR W. HUBBARD  
WATROUS AVENUE  
FL 33629

C/O ELEANOR W. HUBBARD  
2620 WATROUS AVENUE  
TAMPA FLA 33629-5347



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

59-6075201

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HUBBARD, ELEANOR  
2620 WATROUS AVE.  
TAMPA FL 33629

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	D	<input type="checkbox"/> Delete
NAME	WERBER, STEVEN	
STREET ADDRESS	200 LAURA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32201	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUBBARD, ELEANOR	
STREET ADDRESS	2620 WATROUS AVE.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JANNER, MARIA	
STREET ADDRESS	809 S. WESTSHORE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:

ELEANOR W. HUBBARD

4/7/00

Date

Daytime Phone #

813/251-9172

CR2E034 (9/99)