

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 304068

1. Entity Name  
ANDE INC

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90042 030 \*\*\*550.00

Principal Place of Business  
1310 53RD ST  
WEST PALM BEACH FL 33407

Mailing Address  
1310 53RD ST  
WEST PALM BEACH FL 33407

2. Principal Place of Business  
5409 AUSTRALIAN AVE  
Suite, Apt. #, etc.

3. Mailing Address  
5409 AUSTRALIAN AVE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
WEST PALM BEACH, FL  
Zip  
33407  
Country  
U.S.A.

City & State  
WEST PALM BEACH, FL  
Zip  
33407  
Country  
U.S.A.

4. FEI Number 60-2228658  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

GERLACH, C W  
1340 NORTH OCEAN BOULEVARD  
PALM BEACH FL 33480

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERLACH, CHAS W IV			NAME			
STREET ADDRESS	15170 78TH DR N			STREET ADDRESS			
CITY-ST-ZIP	LAKE PARK FL 33418			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERLACH, BETTY C			NAME			
STREET ADDRESS	1340 NORTH OCEAN BLVD			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL 00000 33480			CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERLACH, C.W.			NAME			
STREET ADDRESS	1340 NORTH OCEAN BLVD			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH, FL 00000 33480			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERLACH, JOSEPH L			NAME			
STREET ADDRESS	14851 BLACK BEAR ROAD			STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: ASIGNATURE REQUIRED GERLACH 7-21-00 561-842-2474  
156-760 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)