

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 520489

1. Entity Name

GESA PROPERTIES, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90018 038 ***150.00

Principal Place of Business

Mailing Address

6952 N. ATLANTIC AVE.
CAPE CANAVERAL FL 32920

6952 N. ATLANTIC AVE.
CAPE CANAVERAL FL 32920-3738



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2464559

Applied For

Not Applicable

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

SALE, GERALD F.
6952 N. ATLANTIC AVE.
CAPE CANAVERAL FL 32920

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	SALE, GERALD F.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6952 N. ATLANTIC AVE.		
CITY-ST-ZIP	CAPE CANAVERAL FL		
VP	SALE, JOYCE M	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6952 N ATLANTIC AVE		
CITY-ST-ZIP	CAPE CANAVERAL FL		
VP	REYNOLD JASON DAVIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	6952 N ATLANTIC AVE		
CITY-ST-ZIP	CAPE CANAVERAL FL		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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:

Joyce M. Sale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP

1-25-00

Date

407-743-5860

Daytime Phone #

CR2E034 (9/99)