

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2000 90147 015 ***150.00

DOCUMENT # 523530

1. Entity Name

GAYROB, INC.

Principal Place of Business

Mailing Address

~~1126 NORTH BLVD. EAST~~
~~LEESBURG FL 34748~~

~~1126 NORTH BLVD. EAST~~
~~LEESBURG FL 34748-5950~~

A0040136



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

BEARY-Go-Round Coll.

~~1714-1 Citrus BLVD.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1714-1 Citrus BLVD.

City & State
Leesburg, FL

City & State

FL

4. FEI Number **59-1712004**

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

CHANDLER, ROBERT L 111

Name

Robert L. Chandler III

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

1714-1 Citrus BLVD.

City

Leesburg

FL

Zip Code

34748-3478

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** ☐ Delete
NAME **CHANDLER, ROBERT III**
STREET ADDRESS ~~1126 NORTH BLVD. EAST~~
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE ☒ Change ☐ Addition
NAME **1714-1 Citrus BLVD.**
STREET ADDRESS **Leesburg, FL. 34748**
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CHANDLER, GAYLE G**
STREET ADDRESS ~~1126 NORTH BLVD. EAST~~
CITY-ST-ZIP **LEESBURG FL**

TITLE ☒ Change ☐ Addition
NAME **SAME AS ABOVE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CHANDLER, GAYLE G**
STREET ADDRESS ~~1126 NORTH BLVD. EAST~~
CITY-ST-ZIP **LEESBURG FL**

TITLE ☒ Change ☐ Addition
NAME **SAME AS ABOVE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **CHANDLER, ROBERT III**
STREET ADDRESS ~~1126 NORTH BLVD. EAST~~
CITY-ST-ZIP **LEESBURG FL**

TITLE ☒ Change ☐ Addition
NAME **SAME AS ABOVE**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

352-787-4878

Daytime Phone #