

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91617 026 ***150.00

DOCUMENT # 561352

1. Entity Name

GATH, INC.

Principal Place of Business

Mailing Address

**3357 TAMiami TRAIL N
 NAPLES FL 34103**

**3357 TAMiami TRAIL N
 NAPLES FL 34103**

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

59-1801866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LANGFORD, GEORGE P.
 3357 TAMiami TRAIL NORTH.
 NAPLES FL 33940**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE
 NAME **PSD
 GELLENY, JAMES C.** ☐ Delete
 STREET ADDRESS **853 VANDERBILT BEACH ROAD SUITE 329**
 CITY-ST-ZIP **NAPLES, FL 00000**

TITLE
 NAME **VAS** ☐ Delete
 STREET ADDRESS **DUNLOP, DONALD**
 CITY-ST-ZIP **111 BALLANTREE DR
 ASHEVILLE NC**

TITLE
 NAME **D** ☐ Delete
 STREET ADDRESS **DUNLOP, DONALD**
 CITY-ST-ZIP **111 BALLANTREE DR
 ASHEVILLE NC**

TITLE
 NAME **D** ☐ Delete
 STREET ADDRESS **GELLENY, JOSEPH J.**
 CITY-ST-ZIP **3520 WESTERHAM DRIVE
 CLERMONT FL 34711**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1901 BEARBERRY LANE**
 CITY-ST-ZIP **ASHEVILLE NC 28803**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1901 BEARBERRY LANE**
 CITY-ST-ZIP **ASHEVILLE NC 28803**

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C. GELLENY

04/18/02

Date

878 215 8543

Daytime Phone #

CR2E034 (9/01)