

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 616236

1. Entity Name

GERALD C. CASE AND ASSOCIATES, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90055 019 \*\*\*150.00

Principal Place of Business

Mailing Address

15600 SW 288 ST #305  
HOMESTEAD FL 33033

15600 SW 288 ST #305  
HOMESTEAD FL 33033-1200

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

14925 SW 232ND ST

Suite, Apt. #, etc.

14925 SW 232ND ST

City & State

Goulds Florida

City & State

Goulds Florida

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-1907781

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

CASE, GERALD C  
14925 S.W. 232ND ST.  
GOULDS FL 33170

Name

CASE GERALD C.

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

*Gerald C Case*

GERALD C. CASE

1-6-00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
CASE, GERALD C  
14925 S.W. 232ND ST.  
GOULDS FL 33170

☐ Delete

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☐ Change ☐

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:

*Gerald C Case*

GERALD C. CASE

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #