

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90095 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 679766**

1. Entity Name  
**G.A.V., INC.**

Principal Place of Business  
**2819 SAPPHIRE CT**  
**TALLAHASSEE FL 32311**

Mailing Address  
**2819 SAPPHIRE CT**  
**TALLAHASSEE FL 32311**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **59-2185872** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VAN ALST, GERALD A**  
**2819 SAPPHIRE COURT**  
**TALLAHASSEE FL 32308**

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)  
 Signature, typed or printed name of registered agent and title if applicable. 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	P	<input type="checkbox"/> Delete
NAME	VAN ALST, GERALD A	
STREET ADDRESS	2819 SAPPHIRE CT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VAN ALST, MADELINE J	
STREET ADDRESS	2819 SAPPHIRE CT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRUCHTL, CLARA	
STREET ADDRESS	5 SUGAR BUSH CT	
CITY-ST-ZIP	SAVANNAH GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARCHMAN, MARY	
STREET ADDRESS	2819 SAPPHIRE CT	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	<input type="checkbox"/> Delete
NAME	ACKERMAN, JUDITH K.	
STREET ADDRESS	ROUTE 45 S	
CITY-ST-ZIP	HARRISBURG IL 62946	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN ALST, JOHN A.	
STREET ADDRESS	LAKE SARA RD	
CITY-ST-ZIP	EFFINGHAM IL 62401	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Gerald Van Alst **REQUIRED** 4/1/02 217-347-5828  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)