

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706300

1. Entity Name

GADSDEN HOME, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90196 015 ****61.25

Principal Place of Business

Mailing Address

1621 MARTIN LUTHER KING, JR BLVD
QUINCY FL 32351
US

1621 MARTIN LUTHER KING, JR BLVD
QUINCY FL 32351-3528
US

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

59-6173178

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

FINELLI, DAVID R, N H A
1621 MARTIN LUTHER KING, JR BLVD
QUINCY FL 32351

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAY, FENNEL	
STREET ADDRESS	P O BOX 202 N/A	
CITY-ST-ZIP	QUINCY, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FOUNT, MAY	
STREET ADDRESS	219 N JACKSON ST	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BATES, M B	
STREET ADDRESS	13 N MADISON ST	
CITY-ST-ZIP	QUINCY, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	AYMAN, JIMMY	
STREET ADDRESS	219 N. DUVAL STREET	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAKER, SLOAN MR	
STREET ADDRESS	920 W. KING STREET	
CITY-ST-ZIP	QUINCY, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Auman, Jimmy	
STREET ADDRESS	219 N. Duval Street	
CITY-ST-ZIP	Quincy, Florida 32351	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baker, Sloan, Mr.	
STREET ADDRESS	920 W. King Street	
CITY-ST-ZIP	Quincy, Florida 32351	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD	
STREET ADDRESS	Martin, Ken	
CITY-ST-ZIP	924 Myrtle Ave.	
	Quincy, Florida 32351	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David R. Finelli
David R. Finelli

4-14-00

(850) 627-9276

Date

Daytime Phone #

CR2E037 (9/99)