

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90117 047 \*\*\*\*61.25

00034002



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 756983**

1. Entity Name

**GALA, INCORPORATED**

|  |   |
|--|---|
| Principal Place of Business              | Mailing Address                               |
| P O BOX 15851<br>SARASOTA FL 34277<br>US | P O BOX 15851<br>SARASOTA FL 34277-1851<br>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                    | 59-2426847 | Applied For   | Not Applicable |
| 5. Certificate of Status Desired |            | <input type="checkbox"/> \$8.75 Additional Fee Required |                |

6. Name and Address of Current Registered Agent

**CHARLES, KENNETH**  
**122 CREEK DR.**  
**PT CHARLOTTE FL 33951**

7. Name and Address of New Registered Agent

Name **FESS THOMAS**  
 Street Address (P.O. Box Number is Not Acceptable) **268 ISLAND CIRCLE**  
 City **SARASOTA** FL Zip Code **34242**

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 *Thomas J. Fess*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                             |   |  |
|-----------------------------|---|--|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|---|--|

10. OFFICERS AND DIRECTORS

|                |                           |                         |  |
|----------------|---------------------------|-------------------------|--|
| TITLE          | D                         | ROZMAN, LOU             | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 1728 WAXWING CIR          | VENICE FL 34293         |  |
| CITY-ST-ZIP    |                           |                         |  |
| TITLE          | S                         | SANTISO, ROBERT         | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 1724 SHORE DR             | VENICE FL 34293         |  |
| CITY-ST-ZIP    |                           |                         |  |
| TITLE          | P                         | CHARLES, KENNETH        | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 122 CREEK DR              | PORT CHARLOTTE FL 33951 |  |
| CITY-ST-ZIP    |                           |                         |  |
| TITLE          | T                         | FERRELL, JAMES          | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 7808 BROADMOOR PINES BLVD | SARASOTA FL 34243-4614  |  |
| CITY-ST-ZIP    |                           |                         |  |
| TITLE          | D                         | DOHERTY, JAMES          | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 18551 ROBINSON AVE        | PT CHARLOTTE FL 33948   |  |
| CITY-ST-ZIP    |                           |                         |  |
| TITLE          | VP                        | GILLIN, WAYNE           | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 449 SOUTH SHORE DR.       | OSPREY FL 34229-9657    |  |
| CITY-ST-ZIP    |                           |                         |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |  |   |
|----------------|--|---|
| 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          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

SEE ATTACHED LIST

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: *Robert Santiso* **ROBERT SANTISO** 2-14-00 493-6215

CR2E037 (9/99)

56983

Attachment  
00034004

GALA, INC.  
P.O. Box 15851  
Sarasota, FL 34277

Board of Directors 1999-2000

*Treas*  
Fred Carman, Treasurer  
91 5th Street East  
Nokomis, FL 34275-1547  
941-486-0246

*Pres*  
Tom Fess, President  
268 Island Circle  
Sarasota, FL 34242  
941-346-7900

*0*  
Jan Mervine  
481 Beechwood Drive  
Venice, FL 34292  
941-488-7851

*0*  
Becky Miller  
299 South Havana Road  
Venice, FL 34292  
941-488-8884

*0*  
Nick Robbins  
P.O. Box 7956  
Sarasota FL 34278-7956  
941-359-1900

*Sec.*  
Robert Santiso, Secretary  
1817 Quail Lake Drive  
Venice, FL 34293-1486  
941-493-6215

*0*  
Patty Todd  
299 South Havana Road  
Venice, FL 34292  
941-488-8884

*0*  
Thomas Wells  
1788 Valencia Drive  
Venice, FL 34293  
941-496-8050

*Vice*  
Charles Wood, Vice President  
118 Sunnyside Drive  
Venice, FL 34293  
941-497-7260