# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**
**Jun 02, 2001 8:00 am**
**Secretary of State**
05-02-2001 90166 006 ****61.25

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<br>US |

[redacted]

DO NOT WRITE IN THIS SPACE

| 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 ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

FESS, THOMAS
268 ISLAND CIRCLE
SARASOTA FL 34242

**7. Name and Address of New Registered Agent**

Name CHARLES WOOD

Street Address (P.O. Box Number is Not Acceptable) 118 SUNNYSIDE DR.

City VENICE FL Zip Code 34293

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] CHARLES WOOD, PRESIDENT 4/24/01

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CARMAN, FRED<br>91 5TH ST EAST<br>NOKOMIS FL 34275-1547 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER/SECRETARY<br>THOMAS SPOTTS<br>118 SUNNYSIDE DR<br>VENICE FL 34293 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MERVINE, JAN<br>481 BEECHWOOD DR<br>VENICE FL 34292 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE PRESIDENT | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROBBINS, NICK<br>P O BOX 7956<br>SARASOTA FL 34278-7956 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>BOB SANTISO<br>1817 QUAIL LAKE DR<br>VENICE FL 34293 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>FESS, TOM<br>268 ISLAND CIRCLE<br>SARASOTA FL 34242 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MILLER, BECKY<br>299 SOUTH HAVANA RD<br>VENICE FL 34292 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>JEFF LILLEY<br>679 JAMAICA RD<br>VENICE FL 34293 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>WOOD, CHARLES<br>118 SUNNYSIDE DR<br>VENICE FL 34293 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT | ☑ Change ☐ Addition |

CR2E037 (10/00)

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: SIGNATURE REQUIRED [signature] 941-924-1271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #