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2001 UNIFORM BUSINESS REPORT (UBR)

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 SARASOTA FL 34277 US	P O BOX 15851 SARASOTA FL 34277 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

DO NOT WRITE IN THIS SPACE

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

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 #