

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818092

1. Entity Name

THE FRANK GATES SERVICE COMPANY

Principal Place of Business

Mailing Address

7380 SAND LAKE ROAD
SUITE 535
ORLANDO FL 32819

P.O. BOX 16580
COLUMBUS OH 43216-6580

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 31-4359765

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

RINGERS, ANDREW L
DEAN RINGERS MORGAN & LAWTON
200 E ROBINSON ST, SUITE 1020
ORLANDO FL 32801

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, JENNY J	
STREET ADDRESS	240 FOXWOOD ROAD	
CITY-ST-ZIP	STAMFORD CT 06903	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCORMICK, J. ROBINSON	
STREET ADDRESS	4015 OLD POSTE ROAD	
CITY-ST-ZIP	COLUMBUS OH 43221	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	OVERLY, NILES C	
STREET ADDRESS	10545 WELLINGTON BLVD	
CITY-ST-ZIP	POWELL OH 43065	
TITLE	DV	<input type="checkbox"/> Delete
NAME	OVERLY, ROBINSON M	
STREET ADDRESS	10442 E. WINDROSE DRIVE	
CITY-ST-ZIP	SCOTTSDALE AZ 85259	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCCORMICK, J. LUKE	
STREET ADDRESS	4762 MACALLAN COURT, EAST	
CITY-ST-ZIP	DUBLIN OH 43017	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADIGAN, JOSEPH J	
STREET ADDRESS	5517 CARNOUSTIE COURT	
CITY-ST-ZIP	DUBLIN OH 43017	

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		
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TITLE		<input 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90940 015 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)