

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F18133

1. Entity Name

The Gehl Corporation  
900 SE 3rd Avenue, Suite #201  
Ft. Lauderdale, FL 33316

Principal Place of Business

Mailing Address

900 SE 3rd Avenue, Suite #201  
Ft. Lauderdale, Florida 33316

2. Principal Place of Business

900 SE 3rd Avenue

Suite, Apt. #, etc.

#201

City & State

Ft. Lauderdale, FL

Zip

33316

Country

Broward

3. Mailing Address

900 SE 3rd Avenue

Suite, Apt. #, etc.

#201

City & State

Ft. Lauderdale, FL

Zip

33316

Country

USA

REINSTATEMENT

4. FEI Number

59-2132342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Joseph E. Gehl  
888 SE 3rd Avenue, Suite #201  
Ft. Lauderdale, FL 33316

7. Name and Address of New Registered Agent

Name

Joseph E. Gehl

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

900 SE 3rd Avenue, Suite #201

City

Ft. Lauderdale,

FL

Zip Code  
33316

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 WITH FEE OF \$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

TITLE President

NAME Joseph E. Gehl,  
STREET ADDRESS 900 SE 3rd Avenue, Suite #201  
CITY - ST - ZIP Ft. Lauderdale, FL 33316

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01  
Date

954-522-5200  
Daytime Phone #

01/11/01 10:04:34 (9/99)