

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F18133**

FILED

01 JAN 16 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**

3. Mailing Address  
**900 SE 3rd Avenue**  
Suite, Apt. #, etc. **#201**

4. FEI Number  
**59-2132342**

City & State  
**Ft. Lauderdale, FL**

City & State  
**Ft. Lauderdale, FL**

Zip Country  
**33316 Broward**

Zip Country  
**33316 USA**

**REINSTATEMENT 00-01**

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 *Joseph E. Gehl* DATE **1/11/01**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$350.00**  
**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 <b>President</b>	<input type="checkbox"/> Delete
NAME <b>Joseph E. Gehl,</b>	
STREET ADDRESS <b>900 SE 3rd Avenue, Suite #201</b>	
CITY - ST - ZIP <b>Ft. Lauderdale, FL 33316</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

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 807, 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: *Joseph E. Gehl* DATE: **1/11/01** DAYTIME PHONE #: **954-522-5200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

022E034 (9/99)