

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002469

1. Entity Name

GARGIULO, INC.

Principal Place of Business

Mailing Address

15000 OLD U.S. 41 NORTH
NAPLES FL 33963

15000 OLD U.S. 41 NORTH
NAPLES FL 33963

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

43-1627149

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	P	☐ Delete
NAME	LELEU, CHRISTIAN K	
STREET ADDRESS	15000 OLD U.S. 41 NORTH	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	ST	☒ Delete
NAME	LELEU, CHRISTIAN	
STREET ADDRESS	1920 FIFTH STREET	
CITY-ST-ZIP	DAVIS CA	
TITLE	V	☐ Delete
NAME	SULLIVAN, MICHAEL W	
STREET ADDRESS	15000 OLD US 41 N	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	☒ Delete
NAME	ROSA, NICK E	
STREET ADDRESS	800 N LINDBERG BBLVD	
CITY-ST-ZIP	ST LOUIS MO 63167	
TITLE	D	☒ Delete
NAME	STONARD, RICHARD J	
STREET ADDRESS	800 N LINDBERG, BLVD	
CITY-ST-ZIP	ST LOUIS MO 63167	
TITLE	D	☒ Delete
NAME	VERFAILLIE, HENDRIK	
STREET ADDRESS	800 N LINDBERGH BLVD	
CITY-ST-ZIP	ST LOUIS MO	

TITLE	P D	☒ Change ☐ Addition
NAME	Leleu, Christian K.	
STREET ADDRESS	15000 Old 41 North	
CITY-ST-ZIP	Naples, FL 34110	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S.T.D	☒ Change ☐ Addition
NAME	Sullivan, Michael W.	
STREET ADDRESS	15000 Old 41 North	
CITY-ST-ZIP	Naples, FL. 34110	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

Michael W. Sullivan

Michael W. Sullivan, Secretary 4/3/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90020 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)