

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003736

1. Entity Name

THE GANNON PROPERTIES COMPANY

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90074 042 ***150.00

Principal Place of Business

Mailing Address

~~E/O THE GANNON COMPANIES~~
~~12515 NORTH KENDALL DRIVE SUITE 430~~
~~MIAMI FL 33186~~

~~E/O THE GANNON COMPANIES~~
~~12515 NORTH KENDALL DRIVE SUITE 430~~
~~MIAMI FL 33186~~

Our Address Has Changed:
GANNON MANAGEMENT COMPANY
11030 N Kendall Dr. Ste 200
Miami, FL 33176

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

43-1335497

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

FIELD, SYBIL COLEMAN
~~12515 NORTH KENDALL DRIVE~~
~~SUITE 430~~
~~MIAMI FL 33186~~

Our Address Has Changed:
GANNON MANAGEMENT COMPANY
11030 N Kendall Dr. Ste 200
Miami, FL 33176

Name
Sybil C. Field

Street Address (P.O. Box Number is Not Acceptable)
11030 North Kendall Drive, Suite 200

City
Miami

FL

Zip Code
33176

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 NAME STREET ADDRESS CITY - ST - ZIP	COBP FRANKE, WILLIAM E 49 CRESTWOOD DRIVE ST LOUIS MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GREENE, ROBERT P 12541 BENNINGTON PLACE ST LOUIS MO	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WEYGANDT, DAVID W 10 BRIARHILL COLUMBIA IL 62236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PABST, TERRY L 1332 FIDDLE CREEK LABADIE MO 63055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD William E. Franke 49 Crestwood Drive St. Louis, MO 63105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Robert Greene 11301 Olive Blvd St. Louis, MO 63141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Troy W. Gordon 11301 Olive Blvd St. Louis, MO 63141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-20-00

Date

314-989-9600

Daytime Phone #