

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003737

1. Entity Name

THE GANNON DEVELOPMENT COMPANY

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

04-27-2000 90074 040 \*\*\*150.00

Principal Place of Business <i>new</i> <del>C/O THE GANNON COMPANIES</del> <del>12515 NORTH KENDALL DRIVE SUITE 430</del> <del>MIAMI FL 33186</del>	Mailing Address <del>C/O THE GANNON COMPANIES</del> <del>12515 NORTH KENDALL DRIVE SUITE 430</del> <del>GANNON MANAGEMENT COMPANY</del> <del>11030 N Kendall Dr. Ste 200</del> <del>Miami, FL 33176</del>
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DO NOT WRITE IN THIS SPACE

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 <b>43-1336695</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>FIELD, SYBIL COLEMAN</b> <del>12515 NORTH KENDALL DRIVE</del> <del>SUITE 430</del> <del>MIAMI FL 33186</del>	
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7. Name and Address of New Registered Agent Name <b>Sybil C. Field</b> Street Address (P.O. Box Number is Not Acceptable) <b>11030 No. Kendall Drive, Suite 200</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33176</b>	
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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 	DATE <b>4-20-00</b>
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANKE, WILLIAM E 49 CRESTWOOD DRIVE ST LOUIS MO 63105 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVERETT, GOUGLAS D 12515 N KENDALL DR MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREENE, ROBERT P 12541 BENNINGTON PLACE ST LOUIS MO 63146 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT WEYGANDT, DAVID W 26 SOUTH 87TH STREET BELLEVILLE IL <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Roland P. Burke 25 Emmonsedale Road Boston, MA 02132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Douglas D. Everett 11301 Olive Blvd. St. Louis, MO 63141 <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	VD David W. Weygandt 10 Briarhill Lane Columbia, IL 62236 <input checked="" 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	CD William E. Franke 11301 Olive Blvd St. Louis MO 63141 <input checked="" 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: 	DATE <b>4-20-00</b>	DAYTIME PHONE # <b>314-989-9600</b>
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CR2E034 (9/99)