

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005858

1. Entity Name

GIBALTAR DESIGN, INC., ARCHITECTS & ENGINEERS

Principal Place of Business

9102 N MERIDIAN ST #300
INDIANAPOLIS IN 46260

Mailing Address

9102 N MERIDIAN ST #300
INDIANAPOLIS IN 46260-1809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERRIG, NATALEE A ESQ
DUNLAP, MORAN, ROKNICH & GIBSON, P.A.
1819 MAIN ST #700
SARASOTA FL 34236

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	DCI	<input checked="" type="checkbox"/> Delete
NAME	CANNON, GEORGE X	
STREET ADDRESS	9102 N MERIDIAN ST #300	
CITY-ST-ZIP	INDIANAPOLIS IN 46260	
TITLE	DCS	<input checked="" type="checkbox"/> Delete
NAME	BROWN, SCOTT R	
STREET ADDRESS	9102 N MERIDIAN ST #300	
CITY-ST-ZIP	INDIANAPOLIS IN 46260	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BLANTON, DAVE L	
STREET ADDRESS	9102 N MERIDIAN ST #300	
CITY-ST-ZIP	INDIANAPOLIS IN 46260	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMPSON, JAMES	
STREET ADDRESS	323 MOODY BLVD	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAMMER, JAY A	
STREET ADDRESS	9000 KEYSTONE CROSSING #1000	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRAMMER, TIMOTHY F	
STREET ADDRESS	9000 KEYSTONE CROSSING #1000	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kinghorn, Kirby	
STREET ADDRESS	9102 N. Meridian ST #300	
CITY-ST-ZIP	Indpls., IN 46260	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hennessey, John	
STREET ADDRESS	3815 River Crossing PKWY #350	
CITY-ST-ZIP	Indpls., IN 46260	
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evans, H. Dean	
STREET ADDRESS	9102 N. Meridian ST #300	
CITY-ST-ZIP	Indpls. IN 46260	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, James	
STREET ADDRESS	323 Moody Blvd.	
CITY-ST-ZIP	Flagler Beach, FL 32136	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brammer, JAY A	
STREET ADDRESS	3815 River Crossing PKWY #350	
CITY-ST-ZIP	Indpls., IN 46260	
TITLE	DP S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd, Harry	
STREET ADDRESS	3815 River Crossing PKWY #350	
CITY-ST-ZIP	Indpls. IN 46260	

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:

Kirby G. Kinghorn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kirby G. Kinghorn 2/8/00

Date

(317) 580-5777

Daytime Phone #

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90074 044 ***158.75

832607



DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1988387

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

CR2E034 (9/99)