

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005340

1. Entity Name
GANS, GANS & ASSOCIATES, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State
09-18-2000 90011 035 ***558.75

Principal Place of Business

~~4121 E. FOWLER AVE.~~
TAMPA FL 33617

Mailing Address

~~4121 E. FOWLER AVE.~~
TAMPA FL 33617

2. Principal Place of Business

4129 E. FOWLER
Suite, Apt. #, etc.

3. Mailing Address

4129 E. FOWLER
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3479867

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BAREFIELD, SIMONE G

~~4121 E. FOWLER AVE.~~ 4129 E. FOWLER
TAMPA FL 33617

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PDC ☐ Delete
NAME BAREFIELD, SIMONE G
STREET ADDRESS ~~4121 E. FOWLER AVE.~~
CITY-ST-ZIP TAMPA FL 33617

TITLE VD ☐ Delete
NAME BAREFIELD, ERNEST
STREET ADDRESS ~~4121 E. FOWLER AVE.~~ 4129 E. FOWLER
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRESIDENT ☒ Change ☐ Addition
NAME BAREFIELD, SIMONE G
STREET ADDRESS 4129 E. FOWLER
CITY-ST-ZIP TAMPA, FL 33617 ADDRESS ONLY

TITLE TREASURER/DIRECTOR ☐ Change ☒ Addition
NAME CARR, BONNIE J.
STREET ADDRESS 4129 E. FOWLER
CITY-ST-ZIP TAMPA, FL 33617

TITLE Director/Secretary ☐ Change ☒ Addition
NAME Anthony, LaJuana
STREET ADDRESS 4129 E. FOWLER
CITY-ST-ZIP TAMPA, FL 33617

TITLE Vice President/Director ☒ Change ☐ Addition
NAME BAREFIELD, ERNEST
STREET ADDRESS 4129 E. FOWLER
CITY-ST-ZIP TAMPA, FL 33617 ADDRESS ONLY

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)(l), 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

Date

Daytime Phone #

CR2E034 (500)