

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006399

1. Entity Name

GZ SPADA, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90010 035 ***150.00

Principal Place of Business

Mailing Address

4520 GOLF CLUB LANE
 BROOKSVILLE FL 34609
 US

4520 GOLF CLUB LANE
 BROOKSVILLE FL 34609-0303
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **14-1792077**

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

ZINSER SPADA, GAIL S
 4520 GOLF CLUB LANE
 BROOKSVILLE FL 34609

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 *N/A*

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	CPT	<input type="checkbox"/> Delete
NAME	ZINSER SPADA, GAIL S	
STREET ADDRESS	4520 GOLF CLUB LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34605	
TITLE	VCVS	<input type="checkbox"/> Delete
NAME	SPADA, ANTHONY	
STREET ADDRESS	4520 GOLF CLUB LANE	
CITY-ST-ZIP	BROOKSVILLE FL 34609	
TITLE		<input type="checkbox"/> Delete
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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)(f), 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:

Gail S. Zinser Spada
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

352 746 0406

Daytime Phone #