

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002695

1. Entity Name

ROBERT E. GRESHAM, INC.

FILED

Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90118 002 ***150.00

Principal Place of Business Mailing Address
PO BOX 1127 PO BOX 1127
LILBURN GA 30048-1127 LILBURN GA 30048-1127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 58-1404841

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

DAVIS, BARBARA
107 HERRON PKWY
WEST PALM BEACH FL 33411

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	P	<input type="checkbox"/> Delete
NAME	GRESHAM, ROBERT E	
STREET ADDRESS	1479 BRENTFORD COVE	
CITY-ST-ZIP	SNELLVILLE GA 30078	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRESHAM, JOAN	
STREET ADDRESS	1479 BRENTFORD COVE	
CITY-ST-ZIP	SNELLVILLE GA 30078	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILMOT, KATHERINE	
STREET ADDRESS	4037-A DARLING CT	
CITY-ST-ZIP	LILBURN GA 30047	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRESHAM, ROBERT E	
STREET ADDRESS	8445 MOOR PARK RUN	
CITY-ST-ZIP	DULUTH, GA 30097	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRESHAM, JOAN	
STREET ADDRESS	8445 MOOR PARK RUN	
CITY-ST-ZIP	DULUTH, GA 30097	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Katherine Wilmot*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

770-381-0203

Date

Daytime Phone #

CR2E034 (9/99)