

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005638

1. Entity Name

GATSBY CORPORATION

FILED

Aug 21, 2000 8:00 am
Secretary of State

08-21-2000 90209 038 ***550.00

Principal Place of Business

~~ATTN: VERONICA P. STITZEL CORP. COUNSEL~~
~~4408 AIRPORT ROAD, SUITE A-110~~
~~PLANT CITY FL 33567-1112~~

Mailing Address

~~ATTN: VERONICA P. STITZEL CORP. COUNSEL~~
~~4408 AIRPORT ROAD, SUITE A-110~~
~~PLANT CITY FL 33567-1112~~

A0073465



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

88-0345364

Applied For

Not Applicable

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

SORAH, KENNETH W Jordan, Mark F.
4408 AIRPORT ROAD PO Box 4078
SUITE A-110
PLANT CITY FL 33567-1112
33564

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 DC ☐ Delete
NAME JORDAN, MARK F
STREET ADDRESS 2601 KAREN DRIVE
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DP ☐ Delete
NAME SORAH, KENNETH W
STREET ADDRESS 4408 AIRPORT RD., STE. A-100
CITY-ST-ZIP PLANT CITY FL 33567-1112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME GIOVENCO, J. NORMAN
STREET ADDRESS 4408 AIRPORT RD., STE. A-110
CITY-ST-ZIP PLANT CITY FL 33567-1112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SPONAGLE, KENNETH E
STREET ADDRESS 17718 NATHANS DRIVE
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVS ☐ Delete
NAME BAKER, WILLIE JOE
STREET ADDRESS 4408 AIRPORT RD., STE. A-110
CITY-ST-ZIP PLANT CITY FL 33567-1112

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)