

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002395

1. Entity Name

GIS FL, INC.

FILED
Aug 10, 2000 8:00 am
Secretary of State

08-10-2000 90009 042 ***550.00

Principal Place of Business

200 CROW CANYON PLACE.. STE 430
SAN RAMON CA 94583

Mailing Address

200 CROW CANYON PLACE.. STE 430
SAN RAMON CA 94583

2. Principal Place of Business

8730 Somers Road

3. Mailing Address

2000 Crow Canyon Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

San Ramon

Zip

32226

Country

Zip

CA

Country

Contr Costa

4. FEI Number

NOT APPLICABLE

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

COLEMAN, ROBERT
8730 SOMERS ROAD
JACKSONVILLE FL 32226

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD
NAME BALDWIN, MICHAEL S
STREET ADDRESS 2000 CROW CANYON PLACE., STE 430
CITY-ST-ZIP SAN RAMON CA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME LIEBMAN, DAVID M
STREET ADDRESS 2000 CROW CANYON PLACE., STE 430
CITY-ST-ZIP SAN RAMON CA

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 of Michael S. Baldwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/00

Date

925-543-0977

Daytime Phone #

CR2E034 (5/00)