

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G03354

1. Entity Name

GAI CONSULTANTS-SOUTHEAST, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90103 021 ***158.75

Principal Place of Business

201 EAST PINE STREET
SUITE 200
ORLANDO FL 32801

Mailing Address

201 EAST PINE STREET
SUITE 200
ORLANDO FL 32801

80011080



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 59-2246595

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

DE JIDAS, GARY M
201 E. PINE STREET, SUITE 200
ORLANDO FL 32801

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, 2001 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 V
NAME SMITH, LANE R.
STREET ADDRESS 3298 TIMUCUA CIRCLE
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE PD
NAME DEJIDAS, GARY M
STREET ADDRESS 1436 CAMPBELL ST
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE V
NAME VAUGHN, STEVE D
STREET ADDRESS 675 TOMLINSON TERRACE
CITY-ST-ZIP LAKE MARY FL ☐ Delete

TITLE VSD
NAME SIEVERS, JEFFERY
STREET ADDRESS 7445 PINE MOUNT DR
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE V
NAME GEISMAN, GRACE E
STREET ADDRESS 2206 E CONCORD ST
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE V
NAME KENNINGTON, DONALD E
STREET ADDRESS 255 KINCAID AVE
CITY-ST-ZIP DELAND FL 32724 ☐ Delete

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 450 S. Elliott Ave.
CITY-ST-ZIP Sanford, FL 32771

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Harrison, Grace G.
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2111 East Concord St.
CITY-ST-ZIP Orlando, FL 32803

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 (10/00)