

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014613

1. Entity Name

GULF ATLANTIC HEARING AID-CENTERS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90057 026 ***150.00

Principal Place of Business

Mailing Address

%THOMAS W. LYONS. GAHAC
8001 SOUTH ORANGE BLOSSOM TRAIL #279
ORLANDO FL 32809

%THOMAS W. LYONS. GAHAC
8001 SOUTH ORANGE BLOSSOM TRAIL #279
ORLANDO FL 32809-7654



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

SEBASTIAN EXECUTIVE BLDG

1623 US Highway 1 A-4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1623 US Hwy 1 A-4

City & State

City & State

Sebastian FL 32958

Sebastian FL 32958

Zip

Country

Zip

Country

USA

USA

4. FEI Number

65-0899431

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

DOUGHERTY, TOM K
735 ALMOND ST. STE. A
CLERMONT FL 34711

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

5-1-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
STP
LYONS, THOMAS W
8001 SOUTH ORANGE BLOSSOM TRAIL #279
ORLANDO FL 32809

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Lyons, Thomas W. A-4
Sebastian Exec. Bldg. 1623 US Hwy 1
Sebastian FL 32958

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas W Lyons

Date
April 30 2000

Daytime Phone #
561-581-2816

CR2E034 (9/99)