

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2001 8:00 am**  
**Secretary of State**

06-12-2001 90001 041 \*\*\*550.00

**DOCUMENT # H83085**

1. Entity Name

**G. HIRSCH HOLDINGS OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

59 BAYMONT ST.  
 CLEARWATER FL 34630

59 BAYMONT ST.  
 CLEARWATER FL 34630

**20071009**



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

**59-2596587**

Applied F.  
 Not Applic

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

**DORAN, JOHN**  
**59 BAYMONT ST**  
**CLEARWATER FL 33515**

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  
 Added to Fee:

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ar
NAME	<b>HIRSCH, GERARD</b>	NAME	
STREET ADDRESS	<b>755 MITCHELL AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MONTREAL, QUEBEC CAN</b>	CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with a other like empowered.

SIGNATURE:

*Gerard Hirsch*  
**G. HIRSCH**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/23/01**  
 Date

**574-731-13**  
 Daytime Phone #