

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J35074

1. Entity Name

GLEISLE LUMBER & MILLWORK, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90018 040 \*\*\*150.00

Principal Place of Business

19221 SAN CARLOS BLVD  
FORT MEYERS BEACH FL 33931  
US

Mailing Address

P.O. BOX 5079  
8100 ESTERO BLVD.  
FORT MEYERS BEACH FL 33932-5079  
US

2. Principal Place of Business

3. Mailing Address

- Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2718821

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

GLEISLE, PATRICIA  
6281 KEY BISCAYNE BLVD  
FORT MEYERS FL 33908

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, 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 PST ☐ Delete  
NAME GLEISLE, JAMES E.  
STREET ADDRESS 6281 KEY BISCAYNE BLVD  
CITY-ST-ZIP FT MYERS BCH FL 33908

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

TITLE AVP ☒ Delete  
NAME GLEISLE, SCOTT F.  
STREET ADDRESS 19221 SAN CARLOS BLVD  
CITY-ST-ZIP FT MYERS BCH FL

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

TITLE VPD ☒ Delete  
NAME GLEISLE, ROBERT J.  
STREET ADDRESS 19221 SAN CARLOS BLVD  
CITY-ST-ZIP FT MYERS BCH FL

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

TITLE AVP ☐ Delete  
NAME GLEISLE, JAMES JERALD  
STREET ADDRESS 19221-SAN CARLOS BLVD  
CITY-ST-ZIP FT MYERS BCH FL

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

TITLE ST ☐ Delete  
NAME GLEISLE, PATRICIA  
STREET ADDRESS 6281 KEY BISCAYNE BLVD  
CITY-ST-ZIP FORT MEYERS BEACH FL 33908

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:

*Patricia Gleisle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00

941-463-6857