

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

044202

DOCUMENT # J39494

1. Entity Name

GILMAN INDUSTRIAL BUILDING COMPANY

05-16-2001 90196 010 ***150.00

Principal Place of Business

111 WEST 50 ST.
 NEW YORK NY 10020

Mailing Address

ATTN: STEPHEN CROPPER
 111 WEST 50TH STREET
 NEW YORK NY 10020

000001



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 **58-1721801**

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

HENDERSON, J. GROVER
726 OWENS ROAD
YULEE FL 32201-1290

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **DAVIS, WILLIAM H**
 CITY-ST-ZIP **1000 OSBORNE STREET**
ST. MARY'S GA 31558

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3823 OWENS RD.**
 CITY-ST-ZIP **YULEE, FL 32097**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **BERGREEN, BERNARD D**
 CITY-ST-ZIP **111 WEST 50TH STREET**
NEW YORK NY 10020

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **MOODY, NATALIE P**
 CITY-ST-ZIP **111 WEST 50TH STREET**
NEW YORK NY 10020

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **FAIELLA, JOHN R**
 CITY-ST-ZIP **1000 OSBORNE STREET**
ST. MARY'S GA 31558

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **111 WEST 50th ST**
 CITY-ST-ZIP **NY, NY 10020**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Domnick Fuentes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

904-548-1033

Daytime Phone #

CR2E034 (10/00)