

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J54678

1. Entity Name

GARY FRITZ CONTRACTING, INC.

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

04-03-2000 90179 036 \*\*\*150.00

Principal Place of Business

3318 RUTLAND LOOP  
P O BOX 4247  
TALLAHASSEE FL 32312  
US

Mailing Address

P. O. BOX 4247  
P O BOX 4247  
TALLAHASSEE FL 32315-4247  
US

2. Principal Place of Business

3318 Rutland Loop  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4247  
Suite, Apt. #, etc.

City & State

Tallahassee Florida

City & State

Tallahassee, Fla.

Zip

Country

32312 LEON

Zip

Country

32315-4247 LEON

4. FEI Number

59-2757724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRITZ, GARY  
3318 RUTLAND LOOP  
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

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

TITLE D ☐ Delete  
NAME FRITZ, GARY  
STREET ADDRESS 3318 RUTLAND LOOP  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Delete  
NAME PEASE, MARTHA J.  
STREET ADDRESS 3318 RUTLAND LOOP  
CITY-ST-ZIP TALLAHASSEE FL

TITLE T ☐ Delete  
NAME SPIVEY, M. LEE  
STREET ADDRESS 2302 DOMINGO DR  
CITY-ST-ZIP TALLAHASSEE FL

TITLE S ☐ Delete  
NAME MCCONNELL, TERRANCE  
STREET ADDRESS ARROW TR.  
CITY-ST-ZIP HAVANA FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/2000

Date

850-222-2111

Daytime Phone #

CR2E034 (9/99)