

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0408047

DOCUMENT # J94681

1. Entity Name
GINGERICH ENTERPRISES, INC.

03-08-2001 90065 008 ***150.00

Principal Place of Business 5750 FRUITVILLE RD SARASOTA FL 34232 US	Mailing Address 1025 HONORE AVE SARASOTA FL 34232 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0009466** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GINGERICH
 1025 HONORE AVE.
 SARASOTA FL 34232**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE PT	<input type="checkbox"/> Delete
NAME GINGERICH, LESTER	
STREET ADDRESS 1025 HONORE AVENUE	
CITY-ST-ZIP SARASOTA FL	
TITLE V	<input type="checkbox"/> Delete
NAME GINGERICH, JOSEPH	
STREET ADDRESS 6190 RICHARDSON ROAD	
CITY-ST-ZIP SARASOTA FL	
TITLE D	<input type="checkbox"/> Delete
NAME GINGERICH, RHODA	
STREET ADDRESS 1025 HONORE AVE	
CITY-ST-ZIP SARASOTA FL	
TITLE S	<input type="checkbox"/> Delete
NAME GINGERICH, JASON	
STREET ADDRESS 3809 DAVIS BLVD	
CITY-ST-ZIP SARASOTA FL	
TITLE D	<input type="checkbox"/> Delete
NAME GINGERICH, JOHN MARK	
STREET ADDRESS 1015 HONDRE AVE	
CITY-ST-ZIP SARASOTA FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lester J. Gingerich* **Lester J. Gingerich** 3-2-01 941 379-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)