

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # K19289**1. Entity Name
G. FRANK GRADY & ASSOCIATES, INC.**Principal Place of Business**% GEORGE FRANK GRADY
5673 PINE AVENUE
ORANGE PARK FL
32073**Mailing Address**% GEORGE FRANK GRADY
5673 PINE AVENUE
ORANGE PARK FL
32073**2. Principal Place of Business**
% GEORGE FRANK GRADY**3. Mailing Address**
% GEORGE FRANK GRADYSuite, Apt. #, etc.
5673 PINE AVENUESuite, Apt. #, etc.
5673 PINE AVENUECity & State
ORANGE PARK FLCity & State
ORANGE PARK FLZip Country
32003Zip Country
320034. FEI Number
59-2874957Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGRADY, GEORGE FRANK
5673 PINE AVE

ORANGE PARK FL
32073**7. Name and Address of New Registered Agent**Name
GRADY, GEORGE FRANK
Street Address (P.O. Box Number is Not Acceptable)
5673 PINE AVE

City
ORANGE PARK FL Zip Code
32003

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 _____ **04/06/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, MADELINE JOYCE	
STREET ADDRESS	5673 PINE AVE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRADY, GEORGE FRANK	
STREET ADDRESS	5673 PINE AVE	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, MADELINE JOYCE		
STREET ADDRESS	5673 PINE AVE		
CITY-ST-ZIP	ORANGE PARK FL 32003		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRADY, GEORGE FRANK		
STREET ADDRESS	5673 PINE AVE		
CITY-ST-ZIP	ORANGE PARK FL 32003		
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: GEORGE FRANK GRADY

PD

04/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)