

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L15949

1. Entity Name

G.L.E. ASSOCIATES, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90320 007 \*\*\*150.00

Principal Place of Business

1451 CHANNELSIDE DR  
 SUITE 200  
 TAMPA FL 33605  
 US

Mailing Address

1451 CHANNELSIDE DR  
 SITE 200  
 TAMPA FL 33605-4927  
 US

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

59-2975164

Applied For

Not Applicable

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

GREENE, ROBERT B.  
 1451 CHANNELSIDE DR.  
 SUITE 200  
 TAMPA FL 33605

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 ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PDTS  
 GREENE, ROBERT B.  
 1451 CHANNELSIDE DR., SUITE 200  
 TAMPA FL

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 GREENE, CAROLYN T.  
 1451 CHANNELSIDE DR., SUITE 200  
 TAMPA FL

TITLE ☒ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 V.  
 REID, JOHNSTONE  
 1451 CHANNELSIDE DRIVE, SUITE 200  
 TAMPA FL 33605

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 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 reports 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

4/27/00  
 Date

813-241-8350  
 Daytime Phone #

CR2E034 (9/99)