

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L15949

1. Entity Name

G.I.E. ASSOCIATES, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90233 028 ***158.75

Principal Place of Business

1451 CHANNELSIDE DR
SUITE 200
TAMPA FL 33605
US

Mailing Address

1451 CHANNELSIDE DR
SUITE 200
TAMPA FL 33605
US

2. Principal Place of Business

1451 Channelside Drive Ste 200

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

59-2975164

Applied For

Not Applicable

Zip

33605

Country

USA

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

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

Name

N/A

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

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

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

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

TITLE VP
NAME STONE, HEBER "BUD" ☐ Delete
STREET ADDRESS 1451 CHANNELSIDE DR
CITY-ST-ZIP TAMPA FL 33605

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

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TITLE ☐ Delete
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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

04-13-01

Date

813-241-8350

Daytime Phone #

CR2E034 (10/00)