

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L45898

1. Entity Name

GEORGE F. GRAMLING, III, P.A.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90061 005 ***150.00

Principal Place of Business

Mailing Address

100 N TAMPA ST
STE 2500
TAMPA FL 33602
US

PO BOX 1991
TAMPA FL 33601-1991
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

601 N. Ashley Drive

Suite, Apt. #, etc.

Suite 600

City & State

Tampa FL

Zip

33602

Country

Zip

Country

4. FEI Number

59-3019227

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

GRAMLING, GEORGE F., III
100 N TAMPA ST
STE 2500
TAMPA FL 33602

Name

Gramling, George F., III

Street Address (P.O. Box Number is Not Acceptable)

601 N. Ashley Drive

Suite 600

City

Tampa

FL

Zip Code

33602

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)

2/4/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GRAMLING, GEORGE F., III
100 N TAMPA ST, STE 2500
TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Gramling, George F., III
601 N. Ashley Drive, Suite 600
Tampa FL 33602

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

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.

BY:
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2000

Date

(813) 223-1060

Daytime Phone #

CR2E034 (9/99)