

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L64874**

1. Entity Name
GEFFEN CONSTRUCTION & DEVELOPMENT COMPANY

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90001 018 ***550.00

Principal Place of Business

886 WATERWAY PLACE
LONGWOOD FL 32750
US

Mailing Address

886 WATERWAY PL
LONGWOOD FL 32750
US

2. Principal Place of Business

234 MAIN ROAD

Suite, Apt. #, etc.

3. Mailing Address

234 MAIN ROAD

Suite, Apt. #, etc.

City & State

LAKE MARY

Zip

32746

Country

SEMINOLE

City & State

LAKE MARY

Zip

32746

Country

SEMINOLE

4. FEI Number

59-3001171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEFFEN, MILTON
234 MAIN ROAD
LAKE MARY FL 32746

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00..
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 **DP** ☐ Delete
NAME **GEFFEN, MILTON**
STREET ADDRESS **234 MAIN RD.**
CITY-ST-ZIP **LAKE MARY FL**

TITLE **SDT** ☒ Delete
NAME **GEFFEN, SUZANN K.**
STREET ADDRESS **234 MAIN RD.**
CITY-ST-ZIP **LAKE MARY FL**

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

MILTON GEFFEN

Date

Daytime Phone #

407-322-3051

CR2E034 (5/00)