

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L84323

1. Entity Name

GERALD H. GAMBLE, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90012 043 ***150.00

Principal Place of Business

Mailing Address

C/O GERALD H. GAMBLE
~~9919 HICKORY HOLLOW RD.~~
LEESBURG FL 34788

C/O GERALD H. GAMBLE
~~9919 HICKORY HOLLOW RD.~~
LEESBURG FL 34789-5177

P.O. Box 895177

10710 Kentucky Ave

2. Principal Place of Business

10710 Kentucky Ave

3. Mailing Address

P.O. Box 895177

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg, FL

City & State

Leesburg, FL

4. FEI Number

59-3022266

Applied For

Not Applicable

Zip

Country

34788

LAKE

Zip

Country

34789-5177

LAKE

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

GAMBLE, GERALD H.

~~9919 HICKORY HOLLOW RD.~~
LEESBURG FL 34788

10710 Kentucky Ave.

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 D
STREET ADDRESS GAMBLE, GERALD H.
CITY-ST-ZIP ~~9919 HICKORY HOLLOW RD.~~
LEESBURG FL 10710 Kentucky Ave.

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

TITLE ☐ Delete
NAME DST
STREET ADDRESS GAMBLE, DARLENE R.
CITY-ST-ZIP ~~9919 HICKORY HOLLOW RD.~~
LEESBURG FL same as above

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

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: *Darlene Gamble*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/00
Date

352 787-4757
Daytime Phone #

CR2E034 (9/99)