

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 15 AM 11:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**DOCUMENT #** L99000006235  
**1. Entity Name**  
 GYRE STRATEGIES, LLC

**Principal Place of Business** 216 W. COLLEGE AVENUE, SUITE 204  
 TALLAHASSEE FL 32301  
**Mailing Address** P.O. BOX 1050  
 TALLAHASSEE FL 32302-1050

**2. Principal Place of Business** 222 West Georgia St.  
 Suite, Apt. #, etc.  
**3. Mailing Address** P.O. Box 11274  
 Suite, Apt. #, etc.

**City & State** Tallahassee, FL  
**Zip** 32301  
**Country**  
**City & State** Tallahassee, FL  
**Zip** 32302  
**Country**

**4. FEI Number** 59-3600499  
**Applied For**  Not Applicable  
**5. Certificate of Status Desired**  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 CRONA, WILLIAM D  
 2727 APALACHEE PARKWAY  
 TALLAHASSEE FL 32301

**7. Name and Address of New Registered Agent**  
**Name** A. Eugene Lewis  
**Street Address (P.O. Box Number is Not Acceptable)** 222 West Georgia St.  
**City** Tallahassee **FL** **Zip Code** 32301

**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** *A. Eugene Lewis* **DATE** 4/30/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	CRONA, WILLIAM D	216 W. COLLEGE AVE., #204	TALLAHASSEE FL 32301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		222 West Georgia St.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		4000032519		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		-05/15/00--01024--019		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		****658.75		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		*****50.00		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** *A. Eugene Lewis* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER**  
**DATE** 4/30/00 **Daytime Phone #** 850-425-5000

CR2E083 (9/99)