

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

City & State
Tallahassee, FL
Zip
32302

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/00
DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
CRONA, WILLIAM D
216 W. COLLEGE AVE., #204
TALLAHASSEE FL 32301

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

222 West Georgia St.

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

40000325194-
-05/15/00--01024--019
*****658.75 *****50.00

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE REQUIRED

4/30/00 850-425-5000
Date Daytime Phone #

CR2E083 (9/99)