

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M05583

1. Entity Name

THE GANNON MANAGEMENT COMPANY OF FLORIDA

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90074 041 ***150.00

Principal Place of Business

Mailing Address

~~12515 NORTH KENDALL DRIVE~~
~~SUITE 430~~
~~MIAMI FL 33186~~

Our Address Has Changed:

GANNON MANAGEMENT COMPANY
11030 N Kendall Dr. Ste 200
Miami, FL 33176

~~12515 NORTH KENDALL DRIVE~~
~~SUITE 430~~
~~MIAMI FL 33186~~

A0041010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2460560

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FIELD, SYBIL COLEMAN

~~12515 NO KENDALL DR~~
~~SUITE 430~~
~~MIAMI FL 33186~~

Our Address Has Changed:
GANNON MANAGEMENT COMPANY
11030 N Kendall Dr. Ste 200
Miami, FL 33176

Name

Sybil C. Field

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

11030 No. Kendall Drive, Suite 200

City

Miami

FL

Zip Code
33176

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)

4-20-00

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 D ☐ Delete
NAME GREENE, ROBERT
STREET ADDRESS 12515 NO KENDALL DR.
CITY-ST-ZIP MIAMI FL

TITLE VD ☒ Change ☐ Addition
NAME Robert Greene
STREET ADDRESS 11030 No. Kendall Drive, Suite 200
CITY-ST-ZIP Miami, FL 33176

TITLE DC ☐ Delete
NAME FRANKE, WILLIAM E.
STREET ADDRESS 12541 BENNINGTON PL
CITY-ST-ZIP ST. LOUIS MO

TITLE DC ☒ Change ☐ Addition
NAME William E. Franke
STREET ADDRESS 11301 Olive Blvd
CITY-ST-ZIP St. Louis, MO 63141

TITLE PD ☐ Delete
NAME COLEMAN, SYBIL C
STREET ADDRESS 12515 NO KENDALL DR.
CITY-ST-ZIP MIAMI FL

TITLE PD ☒ Change ☐ Addition
NAME Sybil C. Field
STREET ADDRESS 11030 No. Kendall Drive, Suite 200
CITY-ST-ZIP Miami, FL 33176

TITLE DS ☒ Delete
NAME PABST, TERRY
STREET ADDRESS 12515 NORTH KENDALL DRIVE
CITY-ST-ZIP MIAMI FL 33186

TITLE S ☐ Change ☒ Addition
NAME Troy W. Gordon
STREET ADDRESS 11301 Olive Blvd, St. Louis, MO 63141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4-20-00

Date

305-596-4898

Daytime Phone #

CR2524 (2/00)