

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M05583

1. Entity Name

THE GANNON MANAGEMENT COMPANY OF FLORIDA

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90022 007 ***150.00

Principal Place of Business

11030 KANDALL D STE 200
MIAMI FL 33176
US

Mailing Address

11030 KANDALL D STE 200
SUITE 430
MIAMI FL 33176
US

011644



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
11030 N. KENDALL DR. STE 200
SUITE 430
MIAMI FL 33176

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, 2001 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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 11301 OLIVE BLVD
CITY-ST-ZIP SAINT LOUIS MO 63141

TITLE DC ☐ Delete
NAME FRANKE, WILLIAM E.
STREET ADDRESS 11301 OLIVE BLVD
CITY-ST-ZIP SAINT LOUIS MO 63141

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

TITLE PD ☐ Delete
NAME FIELD, SYBIL C
STREET ADDRESS 11030 M. KENDALL DR. STE 200
CITY-ST-ZIP MIAMI FL 33176

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11030 N KENDALL DR. STE 200
CITY-ST-ZIP MIAMI FL 33176

TITLE S ☐ Delete
NAME GORDON, TROY W
STREET ADDRESS 11301 OLIVE BLVD.
CITY-ST-ZIP SAINT LOUIS MO 63141

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

SYBIL C. FIELD

Date

01/05/01

Daytime Phone #

(305) 596-4898

CR2E034 (10/00)