

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -3 AM 10: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UBR/SURZ  
A

**DOCUMENT # M99000000627**

1. Entity Name  
**GERSON PROPERTIES, LLC**

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Principal Place of Business      Mailing Address

559 GINGERMILL LANE      559 GINGERMILL LANE  
LEXINGTON KY 40509      LEXINGTON KY 40509-1924

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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

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City & State      City & State

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Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

|  |  |   |  |  |
|--|--|---|--|--|
| 4. FEI Number<br><b>61-1317294</b>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                    |  |   |  | \$5.00 Additional Fee Required                         |
| 6. Name and Address of Current Registered Agent                              |  | 7. Name and Address of New Registered Agent   |  |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525 |  | Name<br><b>Herbert Kallman</b>  |  |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>12670 Kelly Palm Drive</b> |  |  |
|  |  | City<br><b>FT MYERS</b> <b>FL</b> Zip Code<br><b>33908</b>                          |  |  |

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 Herbert Kallman Julius Kall      DATE \_\_\_\_\_  
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  |                                 | 10. ADDITIONS/CHANGES                          |   |
|--|---------------------------------|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| MGRM<br>GERSON, KENNETH L<br>559 GINGERMILL LANE<br>LEXINGTON KY 40509 | <input type="checkbox"/>        |  |   |
| MGRM<br>GERSON, ALBERTA H<br>559 GINGERMILL LANE<br>LEXINGTON KY 40509 | <input type="checkbox"/>        |  |   |
|  | <input type="checkbox"/>        |  |   |
|  | <input type="checkbox"/>        |  |   |
|  | <input type="checkbox"/>        |  |   |
|  | <input type="checkbox"/>        |  |   |

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\*\*\*\*\*50.00 \*\*\*\*\*50.00

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 REQUIRED      4/13/2000      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CP2E083 (9/99)