

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90076 033 *****70.00

DOCUMENT # N95000000906

1. Entity Name



GAGE MERRICK HILLS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1502 Canopy Oaks Dr.

3. Mailing Address

1502 Canopy Oaks Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Clermont, Fl.

City & State

Clermont, Fl.

4. FEI Number

not applicable

Applied For

Not Applicable

Zip Country

34711

Lake

Zip

34711

Country

Lake

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Mary K. Knepley EA

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

411 Ridge Blvd

City

Port Orange

FL

Zip Code

32119

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mary K. Knepley, EA

08/25/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME

D Fralick, Yvonne
1502 Canopy Oaks Dr.
Clermont, Fl 34711

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D Fralick, Clarence
1502 Canopy Oaks Dr.
Clermont, Fl. 34711

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

D Susan Short
591 Laura Drive
Marietta, Georgia 30066

STREET ADDRESS
CITY-ST-ZIP

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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

Clarence G. Fralick

Clarence G. Fralick

08/25/03

352-526-0000

CR2E037B (12/02)