

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000494

1. Entity Name

GARY L. FORMET MEMORIAL TRUST FUND, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90023 029 ****61.25

Principal Place of Business

1215 MONTCALM ST.
ORLANDO FL 32806

Mailing Address

1215 MONTCALM ST.
ORLANDO FL 32806-7063

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3500845

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

FORMET, JANE C
1215 MONTCALM ST.
ORLANDO FL 32806

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FORMET, JANE C	
STREET ADDRESS	1215 MONTCALM ST.	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORMET, GARY L JR	
STREET ADDRESS	2404 CAPE ARBOR DR.	
CITY-ST-ZIP	VIRGINIA BEACH VA 23451	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORMET, KELLY	
STREET ADDRESS	2556 S. CONWAY ROAD, APT. 611	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, JENNIFER F	
STREET ADDRESS	2998 EGLINGTON	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVELYN E. LAWING	
STREET ADDRESS	1917 CANTON ST.	
CITY-ST-ZIP	ORLANDO, FL. 32806	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. NORMAN PRICHER	
STREET ADDRESS	608 E. CENTRAL BLVD.	
CITY-ST-ZIP	ORLANDO, FL. 32801	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. CHARLES WOHLUST	
STREET ADDRESS	778 MCINTYRE AVE.	
CITY-ST-ZIP	WINTER PARK, FL. 32787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 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

2/25/2000

Date

Daytime Phone #

CR2E037 (9/99)