

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000006565**

1. Entity Name

GIBSON TRUST, INC. ✓

Principal Place of Business

Mailing Address

**2436 N. FEDERAL HIGHWAY
PMB 354
LIGHTHOUSE POINT, FL. 33064**

2. Principal Place of Business

3. Mailing Address

4081 N. FEDERAL HIGHWAY

SEE ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 120

City & State
POMPANO BEACH

City & State

FL.

Zip

Country

Zip

Country

33064

4. FEI Number

650-876-498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00000052

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **PATRICK J. O'TOOLE**

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

4081 N. FEDERAL HIGHWAY SUITE 120

City **POMPANO BEACH**

FL

Zip Code **33064**

**FILINGS, INC.
3732 N.W. 16th ST.
FORT LAUDERDALE, FL. 33311**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/00

**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 ☒ Delete
NAME **D. MICHAEL J. MELLA**
STREET ADDRESS **7301A WEST PALMETTO PK. ROAD**
CITY-ST-ZIP **SUITE 305C, BOCA RATON, FL. 33433**

TITLE ☒ Delete
NAME **FILINGS, INC.**
STREET ADDRESS **3732 N.W. 16th STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL. 33311**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **PATRICK J. O'TOOLE**
STREET ADDRESS **4081 N. FEDERAL HIGHWAY SUITE 120**
CITY-ST-ZIP **POMPANO BEACH, FL. 33064**

TITLE ☒ Change ☒ Addition
NAME **DONIVA CANTY O'TOOLE**
STREET ADDRESS **4081 N. FEDERAL HIGHWAY SUITE 120**
CITY-ST-ZIP **POMPANO BEACH, FL. 33064**

TITLE ☐ Change ☒ Addition
NAME **DASHIA TROWERS**
STREET ADDRESS **4081 N. FEDERAL HIGHWAY SUITE 120**
CITY-ST-ZIP **POMPANO BEACH, FL. 33064**

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

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

TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000 (454) 788-3650
Date Date, time and phone

CR2E037 (9/99)