

2000 UNIFORM BUSINESS REPORT (UBR)

1/25/00-90067-017-\$70.50-\$70.50

DOCUMENT # N99000004211

1. Entity Name

GARY HAINES, GARY'S KIDS INC.

FILED

00 MAR -1 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6343 SOUTH LIMA AVENUE
HOMOSASSA FL 34446

Mailing Address

6343 SOUTH LIMA AVENUE
HOMOSASSA FL 34446-3124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1665825

Applied For

Not Applied For

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

HAINES, GARY D
6343 SOUTH LIMA AVENUE
HOMOSASSA FL 34446

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

GARY D. HAINES C.E.O.

1-19-2000

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

(NOTE: Registered Agent signature required when restate)

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 ☐ Delete
NAME HAINES, GARY D
STREET ADDRESS 6343 SOUTH LIMA AVENUE
CITY-ST-ZIP HOMOSASSA FL 34446

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

TITLE D ☐ Delete
NAME HAINES, DEBORAH R
STREET ADDRESS 6343 SOUTH LIMA AVENUE
CITY-ST-ZIP HOMOSASSA FL 34446

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

TITLE D ☐ Delete
NAME ESSER, MATTHEW E
STREET ADDRESS 6209 SOUTH LIMA AVENUE
CITY-ST-ZIP HOMOSASSA FL 34446

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

TITLE D ☐ Delete
NAME HAINES, DANIEL J
STREET ADDRESS 6343 SOUTH LIMA AVENUE
CITY-ST-ZIP HOMOSASSA FL 34446

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

TITLE D ☐ Delete
NAME Bert Fletcher
STREET ADDRESS 5988 Green Acres Blvd
CITY-ST-ZIP Homosassa FL 34447

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additor
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:

GARY D. HAINES

1-19-2000

628-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE