

**2000 UNIFORM BUSINESS REPORT (UBR)**

**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

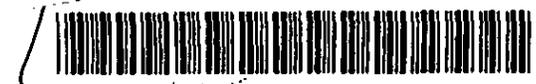
City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1605825

Applied For  
Not Applied

5. Certificate of Status Desired

X

\$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.

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

(NOTE: Registered Agent signature required when reinstating)

1-19-2000

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	HAINES, GARY D	
STREET ADDRESS	6343 SOUTH LIMA AVENUE	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAINES, DEBORAH R	
STREET ADDRESS	6343 SOUTH LIMA AVENUE	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESSERD, MATTHEW E	
STREET ADDRESS	6209 SOUTH LIMA AVENUE	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAINES, DANIEL J	
STREET ADDRESS	6343 SOUTH LIMA AVENUE	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	Bert Fletcher	
STREET ADDRESS	5988 Green Acres Blvd	
CITY-ST-ZIP	HOMOSASSA FL 34447	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
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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: D. HAINES GARY D. HAINES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2000 628-7777

DATE

Daytime Phone #

KE