

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028068

1. Entity Name

G.K. REALTY, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90072 016 ***158.75

Principal Place of Business

2801 N 9TH STREET
ST AUGUSTINE FL 32095

Mailing Address

2801 N 9TH STREET
ST AUGUSTINE FL 32095

2. Principal Place of Business

3. Mailing Address

PMB 367

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3501-B N. Ponce de Leon Blvd

City & State

City & State

St. Augustine, FL

Zip

Country

Zip

Country

32084

US

4. FEI Number

59-3662557

Applied For

Not Applicable

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

KAPLER, GEORGE

2801 N. NINTH STREET

ST. AUGUSTINE FL 32095

Name

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

City

FL

Zip Code

32084

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KAPLER, GEORGE
2801 N 9TH STREET
ST AUGUSTINE FL 32095

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change, zip code to 32084

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Kapler

4-12-01

904 819-8300

Date

Daytime Phone #

CR2E034 (10/00)