

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000048017

1. Entity Name
G. & T. GLEICHMAN, INC.

Principal Place of Business
4140 NE HYLINE DR.
JENSEN BCH FL 34957

Mailing Address
P. O. BOX 1183
STUART FL 34995

FILED

01 OCT 25 AM 11:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

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

65-1014687

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

BASS, DONALD L
7166 SE OSPREY ST.
HOBE SOUND FL 33455

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **PD** ☐ Delete
NAME **GLEICHMAN, DONALD G JR.**
STREET ADDRESS **4140 NE HYLINE DR.**
CITY-ST-ZIP **JENSEN BCH FL 34957**

TITLE ☐ Change ☐ Addition
NAME **500004688115--2**
STREET ADDRESS **-11/20/01--01004--011**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE **D** ☐ Delete
NAME **GLEICHMAN, TRICIA M**
STREET ADDRESS **4140 NE HYLINE DR.**
CITY-ST-ZIP **JENSEN BCH FL 34957**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/01

561-225-4355

CR2E034 (5/01)

262

October 22, 2001

Fl. Dept. of State Div. Of Corp.
Corporate Records
P.O. Box 6327
Tallahssee, FL 32314

To Whom It May Concern:

Enclosed you will find a check in the amount of \$150.00 due to not receiving our UBR until September 22, 2001. I was informed by Tyron Scott, Florida Department of State Representative that this was approved per his Supervisor. Any further questions please feel free to contact me at 561-225-4355.

Sincerely,



Tricia M. Gleichman
G & T Gleichman, Inc.