

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90010 022 \*\*\*550.00

0121410 11

**DOCUMENT # P00000048652**

**1. Entity Name**  
**GIANNI DEVELOPMENT INC.**

**Principal Place of Business**  
**8355 NORTH CITRUS AVENUE**  
**CRYSTAL RIVER FL 34428**

**Mailing Address**  
**609 SOUTHEAST U.S. HIGHWAY 19, SUITE 15**  
**CRYSTAL RIVER FL 34429**

**00063728**



**2. Principal Place of Business**  
**8355 N. CITRUS AVE.**

**3. Mailing Address**  
**5800 N. THOMAS SCOTT TER.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
**CRYSTAL RIVER, FL**

**City & State**  
**CRYSTAL RIVER**

**4. FEI Number**  
**59-3645290**

**Applied For**  
**Not Applicable**

**Zip**  
**34428**

**Country**  
**CITRUS**

**Zip**  
**34428**

**Country**  
**CITRUS**

**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**

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PSTD**  
**TRANI, OLGA**  
**8355 NORTH CITRUS AVENUE**  
**CRYSTAL RIVER FL 34428**

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

**TITLE** ☐ Delete  
**NAME**  
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**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:** *Olga A. Trani, Pres.* **Olga A. Trani, Pres.** **9/2/01** **352 257 7846**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)