

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90094 048 ***150.00

DOCUMENT # P00000082774

1. Entity Name
THE GALLERY RESERVE, INC.

Principal Place of Business
SARASOTA TRUST CENTER
640 S. WASHINGTON BLVD., STE. 175
SARASOTA FL 34236

Mailing Address
SARASOTA TRUST CENTER
640 S. WASHINGTON BLVD., STE. 175
SARASOTA FL 34236

980353



DO NOT WRITE IN THIS SPACE

THE GALLERY RESERVE

THE GALLERY RESERVE

2. Principal Place of Business
640 S. WASHINGTON BLVD.

3. Mailing Address
640 S. WASHINGTON BLVD.

Suite, Apt. #, etc.
SUITE 175

Suite, Apt. #, etc.
SUITE 175

City & State
SARASOTA, FL.

City & State
SARASOTA, FL.

4. FEI Number **65-1040001**

Applied For
 Not Applicable

Zip
34236

Country

Zip
34236

Country

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

LEIBERICK, JAMES O
640 S. WASHINGTON BLVD., STE. 175
SARASOTA FL 34236

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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
 NAME
LEIBERICK, JAMES O
 STREET ADDRESS
P.O. BOX 685
 CITY-ST-ZIP
TALLEVAST FL 33920

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
D
 NAME
KOUTNY, GLENN W
 STREET ADDRESS
18391 FICHTER CREEK LANE
 CITY-ST-ZIP
ALVA FL 33920

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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KOUTNY, EILEEN G
 STREET ADDRESS
18391 FICHTER CREEK LANE
 CITY-ST-ZIP
ALVA FL 33920

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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:

SIGNATURE REQUIRED
JAMES O. LEIBERICK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/02 (941) 373-9994
 Date Daytime Phone #

CR2E034 (4/02)

Attachment
980353
P0000008276

TRADITIONAL & MODERN FINE ART
CONTEMPORARY ♦ HISTORIC ♦ MUSEUM QUALITY

THE GALLERY RESERVE

AT SARASOTA VAULT DEPOSITORY

Division of Corporations
409 East Gaines St.
Tallahassee, FL. 32399

September 11, 2002

Dear Supervisor,

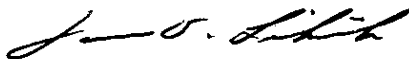
I was told by one of your operators to send a letter with my payment of \$150.00 to the Department of State explaining my circumstances and the reason for this amount.

I never received the initial fee billing of \$150.00 that was sent, as I was told, in January. I believe because of the mailing address that it was delivered to another business that is in the same building as my business. I have corrected the Principal Place of Business and the Mailing Address on the enclosed form.

The mailing address on the main line was listed as Sarasota Trust Center which should have read The Gallery Reserve....there is a business located in the same building known as the Sarasota Trust Center, Ltd.. I never received the initial billing.

If you have any questions please contact me at (941) 373-9794. Thank you for your consideration.

Best regards,



James O. Leiberick, The Gallery Reserve, Inc.

ALL VISITORS MUST SHOW PHOTO I.D. FOR ENTRY

THE GALLERY RESERVE, INC.
640 S. WASHINGTON BLVD., SUITE 175, SARASOTA, FL 34236 USA

941 . 373 . 9794 TEL
galleryreserve@aol.com

941 . 330 . 9583 FAX
www.galleryreserve.com