

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90068 039 ***150.00

CA-77102 AV

DOCUMENT # P00000097957

1. Entity Name

THE GERBER LAW GROUP, P.A.

Principal Place of Business

**225 MCLEAN POINTE EAST
WINTER HAVEN FL 33884**

Mailing Address

**225 MCLEAN POINTE EAST
WINTER HAVEN FL 33884**

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 **59-3695487**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GERBER, MARIA
225 MCLEAN POINTE EAST
WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent

Name **KENNETH P. GERBER**
Street Address (P.O. Box Number is Not Acceptable) **500 S. FLORIDA AVE., SUITE 600**
City **LAKELAND** FL Zip Code **33801**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/11/02**

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, 2002 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

TITLE **P** ☐ Delete
NAME **GERBER, KENNETH**
STREET ADDRESS **225 MCLEAN POINTE E**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE **VP** ☐ Delete
NAME **GERBER, MARIA**
STREET ADDRESS **225 MCLEAN POINT E**
CITY-ST-ZIP **WINTER HAVEN FL 33884**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **500 S. FLORIDA AVE, SUITE 600**
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **500 S. FLORIDA AVE, SUITE 600**
CITY-ST-ZIP **LAKELAND, FL 33801**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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

Date

2/11/02

Daytime Phone #

942/413-7800

CR2E034 (9/01)