

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000099260****1. Entity Name**
J W GORBY & ASSOCIATES INC**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90146 033 ***150.00

Principal Place of Business**N 6611 ANDERSON DR
DELAVER WI 53115****Mailing Address****N 6611 ANDERSON DR
DELAVER WI 53115****765068**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****391610348****Applied For****Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****MURRAY, GERALD R
805 E GULF DR (E-1)
SANIBEL FL 33957****7. Name and Address of New Registered Agent****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 \$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**

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	JERRY W. GORBY	
STREET ADDRESS	N6611 ANDERSON DR.	
CITY-ST-ZIP	DELAVER, WIS. 53115	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	CAROLYN B. GORBY	
STREET ADDRESS	N6611 ANDERSON DR.	
CITY-ST-ZIP	DELAVER, WIS. 53115	
TITLE	FINANCIAL OFFICER	<input type="checkbox"/> Delete
NAME	TINA JONES	
STREET ADDRESS	2105 SUMMIT AVE.	
CITY-ST-ZIP	MILWAUKEE, WIS. 53202	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	TRICIA KNOOT	
STREET ADDRESS	613 GRANT ST.	
CITY-ST-ZIP	IOWA CITY, IOWA 52240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *JERRY W. GORBY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-01

262-728-0477

Date

Daytime Phone #

CR2E034 (10/00)