

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90003 027 ***158.75

DOCUMENT # P01000008536

1. Entity Name

GIANT HOLDINGS, INC.

Principal Place of Business

**6300 NE 1 AVE. STE 300
 FT LAUDERDALE FL 33334**

Mailing Address

**6300 NE 1 AVE. STE 300
 FT LAUDERDALE FL 33334**

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

65-1072857

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**IGLER & DOUGHERTY, P.A.
 1501 PARK AVE E
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **PERRY A. LACARIA, CEO**

Street Address (P.O. Box Number is Not Acceptable)

% GIANT HOLDINGS, INC.

6300 NE 1 AVE. STE 300

City

FT LAUDERDALE

FL

Zip Code

33334

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.

PERRY A. LACARIA, CEO

(NOTE: Registered Agent signature required when reinstating)

1/7/02

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, 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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NAME	
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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 checked="" type="checkbox"/> Addition
NAME	C
STREET ADDRESS	JEFFREY S. ROSCHMAN
CITY-ST-ZIP	2511 DEL LAGO DRIVE FT LAUDERDALE, FL 33316
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P/D
STREET ADDRESS	PERRY A. LACARIA
CITY-ST-ZIP	3030 ANDREWS PLACE BOCA RATON, FL 33434
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/D
STREET ADDRESS	ROBERT J. ROSCHMAN
CITY-ST-ZIP	1759 SE 10TH STREET FT LAUDERDALE, FL 33316
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	PAUL ANDERSON
CITY-ST-ZIP	2108 NE 18TH AVE. FT LAUDERDALE, FL 33305
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	STEVEN HAGENBUCKLE
CITY-ST-ZIP	1549 HEIGHTS COURT MARCO ISLAND, FL 34145
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	ALLEN HERTZMAN
CITY-ST-ZIP	4218 SHELBYVILLE ROAD LOUISVILLE, KY 40207

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:

Russell C. Conrad

RUSSELL C. CONRAD

1/7/02

(954) 958-0021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment
709574

0343963 AV

DOCUMENT # **P01000008536**

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2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

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DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1072857

Applied For
☐ Not Applicable

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Street Address (P.O. Box Number is Not Acceptable)
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City **FT LAUDERDALE FL** Zip Code **33334**

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(See criteria on back) ☒

FILE NOW!!!! FEE IS \$150.00
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D	DOUGLAS H. JENNINGS	713 NE 26TH AVE. FT LAUDERDALE, FL 33304
	V	PAULA LOJKO	2300 NE 33RD AVE UNIT 901 FT LAUDERDALE, FL 33305
	V/T	RUSSELL C. CONRAD	5400 NE 19TH AVE. FT LAUDERDALE, FL 33308
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (9/01)