

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90106 050 \*\*\*150.00

DOCUMENT # P02000014829

1. Entity Name

GREAT AMERICAN ENTERPRISES, INC.



Principal Place of Business

~~449 PRIMROSE CT.~~  
~~FORT MEYERS BEACH FL 33901~~

Mailing Address

~~449 PRIMROSE CT.~~  
~~FORT MEYERS BEACH FL 33901~~

2. Principal Place of Business

1870 CLAYTON CT

3. Mailing Address

1870 CLAYTON CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

FORT MYERS FL

Zip

33907

Country

LEE

Zip

33907

Country

LEE

4. FEI Number

02-0542710

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~  
~~1201 HAYS STREET~~  
~~TALLAHASSEE FL 32301~~

7. Name and Address of New Registered Agent

Name

HELEN M. CASSIANI

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

1870 CLAYTON CT

City

FORT MYERS

FL

Zip Code

33907

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

*Helen M. Cassiani*

1-17-03

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CASSIANI, HELEN M	
STREET ADDRESS	449 PRIMROSE CT.	
CITY-ST-ZIP	FORT MEYERS BEACH FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASSIANI, DANIEL R	
STREET ADDRESS	449 PRIMROSE CT.	
CITY-ST-ZIP	FORT MEYERS BEACH FL 33901	
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		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIANI HELEN M	
STREET ADDRESS	1870 CLAYTON CT.	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIANI DANIEL R	
STREET ADDRESS	1870 CLAYTON CT	
CITY-ST-ZIP	FORT MYERS FL 33907	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Daniel R. Cassiani* VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-17-03 239-431-3655

CR2E034 (10/02)