

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11384

1. Entity Name

GYA, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90012 022 ****61.25

Principal Place of Business

Mailing Address

C/O TERRY DEES KOLENICH
4 NAVY LANE
SPANISH FT. AL 36527
US

C/O TERRY DEES KOLENICH
4 NAVY LANE
SPANISH FT AL 36527-3067
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2129669

Applied For

Not Applicable

Zip

Country

Zip

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

VAILLANT, FRANCOIS D.
1421 LAMHURST RD.
PENSACOLA FL 32507

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

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, ROBERT J	
STREET ADDRESS	211 SOUTHERN CIRCLE	
CITY-ST-ZIP	GULFPORT MS 39507	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARNETT, STEWART	
STREET ADDRESS	17 PAPWORTH AVE	
CITY-ST-ZIP	METairie LA 70005	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KOLENICH, TERRY DEES	
STREET ADDRESS	4 NAVY LANE	
CITY-ST-ZIP	SPANISH FORT AL 36527	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAGGART, LARRY	
STREET ADDRESS	5809 MEMPHIS	
CITY-ST-ZIP	NEW ORLEANS LA 70124	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, MARSHALL	
STREET ADDRESS	307 MONAHAN DRIVE	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORROW, JOHN	
STREET ADDRESS	465 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32402	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Kleinschmidt	
STREET ADDRESS	6258 LAUSANNE DR, SOUTH	
CITY-ST-ZIP	MOBILE, AL 36608	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, STEWART	
STREET ADDRESS	17 PAPWORTH AVE	
CITY-ST-ZIP	Metairie, LA 70005	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Leslie N. Kolenich* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/2000

Date

334
434-3675

Daytime Phone #

CR2E037 (9/99)