

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37282

1. Entity Name

GLEASON ASSOCIATES, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90309 050 ***158.75

Principal Place of Business

9922 LAKE LOUISE DR
WINDERMERE FL 34786
US

Mailing Address

9922 LAKE LOUISE DRIVE
WINDERMERE FL 34786
US

2. Principal Place of Business

326 Arapaho Trail

3. Mailing Address

326 Arapaho Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Springs

City & State

Winter Springs, FL

Zip

32708-1

Country

Seminole

Zip

32708

Country

Seminole

4. FEI Number

59-2287823

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLEASON, JANICE
9922 LAKE LOUISE DRIVE
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name

GLEASON, JANICE

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

326 Arapaho Trail

City

Winter Springs

FL

Zip Code

32708

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.

Janice Gleason

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/01

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	CD	<input type="checkbox"/> Delete
NAME	GLEASON, JANICE	
STREET ADDRESS	9922 LAKE LOUISE DRIVE	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	GLEASON, JANICE	
STREET ADDRESS	9922 LAKE LOUISE DRIVE	
CITY-ST-ZIP	WINDERMERE FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	GLEASON, JANICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEASON, JANICE	
STREET ADDRESS	326 Arapaho Trail	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	GLEASON, JANICE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLEASON, JANICE	
STREET ADDRESS	326 Arapaho Trail	
CITY-ST-ZIP	Winter Springs, FL 32708	
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		

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

Janice Gleason, President

Date

Daytime Phone #

4/12/01 407-496-2252

CR2E034 (10/00)