

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90063 023 ***150.00

0031668

DOCUMENT # P38830

1. Entity Name

GAKEER FINANCIAL AGENCY, INC.

Principal Place of Business

15 W. CHURCH ST.
 SUITE 201
 ORLANDO FL 32801
 US

Mailing Address

15 W. CHURCH ST.
 SUITE 201
 ORLANDO FL 32801
 US

2. Principal Place of Business

2121 S. HILL ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20

City & State

City & State

NEW SMYRNA BEACH, FL

Zip

Country

Zip

Country

32169

USA

4. FEI Number

34-1294523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'BRIEN, FRANK C.
 15 W. CHURCH ST. #201
 ORLANDO FL 32801**

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

Gayle J. O'Brien / Frank C. O'Brien

03/13/01

Signature, type, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCP	<input type="checkbox"/> Delete
NAME	O'BRIEN, FRANK C.	
STREET ADDRESS	104 CAMPHOR TREE LANE	
CITY-ST-ZIP	ALTAMONTE SPNG. FL	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	O'BRIEN, GAYLE T.	
STREET ADDRESS	104 CAMPHOR TREE LANE	
CITY-ST-ZIP	ALTAMONTE SPNG. FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRINGTON, KELLI O.	
STREET ADDRESS	1630 GLADIOLAS DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DITTO, ERIN O.	
STREET ADDRESS	1704 CHATFIELD DR	
CITY-ST-ZIP	JAMESTOWN NY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	O'BREIN, FRANK C.	
STREET ADDRESS	104 CAMPHOR TREE LANE	
CITY-ST-ZIP	ALTAMONTE SPNG. FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	O'BRIEN, GAYLE T.	
STREET ADDRESS	104 CAMPHOR TREE LANE	
CITY-ST-ZIP	ALTAMONTE SPNG. FL	

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		
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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:

Gayle J. O'Brien **GAYLE T. O'BRIEN V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01

Date

904426 5876

Daytime Phone #

CR2E034 (10/00)