

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000039689

1. Entity Name
G. BERRY & ASSOCIATES, INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90036 005 ***150.00

Principal Place of Business

**5786 PEREGRINE AVE
ORLANDO FL 32819
US**

Mailing Address

**5786 PEREGRINE AVE
ORLANDO FL 32819
US**

2. Principal Place of Business

807-C Vassar St.
Suite, Apt. #, etc.

3. Mailing Address

807-C Vassar St.
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32804

Country

USA

Zip

32804

Country

USA

4. FEI Number **59-3241830**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CARLISLE, RONALD W
2731 SILVER STAR RD.
ORLANDO FL 32808**

7. Name and Address of New Registered Agent

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 re-registering)

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

TITLE **PD** ☐ Delete
NAME **BERRY, GINGER**
STREET ADDRESS **5786 PEREGRINE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **SD** ☐ Delete
NAME **HUGHES, JOHN W**
STREET ADDRESS **2731 SILVER STAR RD**
CITY-ST-ZIP **ORLANDO FL 32808-3935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 807, 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

Date

Daytime Phone #

CR2E034 (10/00)