

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041561

1. Entity Name

Gannaway Productions, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business
2120 W. Colonial Dr.

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2121

Suite, Apt. #, etc.

City & State
Orlando, Florida

Zip

Country

City & State
Windermere, Florida

Zip

Country

4. FEI Number
54-3246782

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent
Albert C. Gannaway, Jr.
1830 Roberts Landing Rd.
Windermere, Fla. 34786

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 _____ (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, 2000 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	<u>President</u>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Albert C. Gannaway Jr.</u>		NAME		
STREET ADDRESS	<u>1830 Roberts Landing Rd.</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>Windermere, Fla. 34786</u>		CITY-ST-ZIP		
TITLE	<u>V-P</u>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Mary Y. Gannaway</u>		NAME		
STREET ADDRESS	<u>1830 Roberts Landing Rd.</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>Windermere, Fla. 34786</u>		CITY-ST-ZIP		
TITLE	<u>Sec.</u>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Allen Messer</u>		NAME		
STREET ADDRESS	<u>2120 W. Colonial Dr.</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>Orlando, Fla. 32804</u>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	<u>* We did not receive our annual</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>Report Forms.</u>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Allen Messer Date 5-8-00 Daytime Phone # 407-297-0377

CRZE034 (9/99)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90014 001 ***450.00

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DO NOT WRITE IN THIS SPACE