

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041561

1. Entity Name

GANNAWAY PRODUCTIONS INC.

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90384 026 \*\*\*150.00

Principal Place of Business

GANNAWAY PRODUCTIONS  
2120 W COLONIAL DR  
ORLANDO FL 32804

Mailing Address

GANNAWAY PRODUCTIONS  
PO BOX 2121  
WINDERMERE FL 34786

2. Principal Place of Business

1830 Roberts Landing Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Windermere, FL

City & State

Zip

34786

Country

USA

Zip

Country

4. FEI Number

59-3246782

Applied For

Not Applicable

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

GANNAWAY, A.  
1830 ROBERTS LANDING RD  
WINDERMERE FL 34786

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

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 PD  
NAME GANNAWAY, A.  
STREET ADDRESS 1830 ROBERTS LANDING RD  
CITY-ST-ZIP WINDERMERE FL 34786 ☐ Delete

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

TITLE VPD  
NAME GANNAWAY, MARY  
STREET ADDRESS 1830 ROBERTS LANDING RD  
CITY-ST-ZIP WINDERMERE FL 34786 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

\_\_\_\_\_  
OFFICER OR DIRECTOR

Date

4/24/01

Daytime Phone #

407-521-0110

CR2E034 (10/00)