

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90170 027 ***150.00

DOCUMENT # P95000065419

1. Entity Name

GEBHARD PROPERTIES, INC.

Principal Place of Business

**ROUTE 4, BOX 4096
MONTICELLO FL 32344**

Mailing Address

**ROUTE 4, BOX 4096
MONTICELLO FL 32344**

2. Principal Place of Business

2522B W. Washington St.

3. Mailing Address

2522B W. Washington St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Monticello, FL

City & State

Monticello FL

4. FEI Number

59-3337804

Applied For

Not Applicable

Zip

Country

32344

Zip

Country

323445. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BIRD, T. BUCKINGHAM
220 SOUTH CHERRY ST.
MONTICELLO FL 32344**

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 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, 2002 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	D	<input type="checkbox"/> Delete
NAME	GEBHARD, REN K	
STREET ADDRESS	ROUTE 4, BOX 4096	
CITY-ST-ZIP	MONTICELLO FL 32344	

TITLE	D	<input type="checkbox"/> Delete
NAME	GEBHARD, JOHN C	
STREET ADDRESS	ROUTE 4, BOX 4096	
CITY-ST-ZIP	MONTICELLO FL 32344	

TITLE	D	<input type="checkbox"/> Delete
NAME	KERR, JEWELDEEN	
STREET ADDRESS	ROUTE 4, BOX 4096	
CITY-ST-ZIP	MONTICELLO FL 32344	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)