

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077918

1. Entity Name

GANDY DALE MABRY GORPPARTNERSHIP

Principal Place of Business

Mailing Address

3805 W. SAN NICHOLAS STREET
TAMPA FL 33629

3805 W. SAN NICHOLAS STREET
TAMPA FL 33629-6307

2. Principal Place of Business

3641 N. KENNEDY BLVD.

3. Mailing Address

3641 N. KENNEDY BLVD.

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33609

Country

U.S.A.

Zip

33609

Country

U.S.A.

4. FEI Number

59-3344391

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

BAILIN, LAWRENCE J
401 EAST JACKSON STREET, SUITE 2200
TAMPA FL 33601

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, 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

NAME

STREET ADDRESS

CITY-ST-ZIP

D

☐ Delete

LEVY, CLIFF

1616 CULBREATH ISLES DRIVE

TAMPA FL 33629

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

☐ Delete

LEVY, SIGMUND

1200 SHEPPARD AVE. EAST, SUITE 106

WILLOWDALE ONTARIO CANADA

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Date

(813) 353-2220

Daytime Phone #

CR2E034 (9/99)