

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90319 015 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000071006**

1. Entity Name

**THE GREAT AMERICAN APPRAISAL COMPANY, INC.**

Principal Place of Business

Mailing Address

885 COPPERFIELD TERRACE  
 CASSELBERRY FL 32707  
 US

885 COPPERFIELD TERRACE  
 CASSELBERRY FL 32707-5829  
 US

2. Principal Place of Business

3. Mailing Address

3519 SCOUTOAK Loop  
 Suite, Apt. #, etc.

3519 SCOUTOAK Loop  
 Suite, Apt. #, etc.

City & State

City & State

OViedo, FL

OViedo, FL

Zip

Country

Zip

Country

32765 US

32765 US

4. FEI Number

59-3398743

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

JOHN P. FOLINO  
 885 COPPERFIELD TERRACE  
 CASSELBERRY FL 32707

Name

John P. Folino

Street Address (P.O. Box Number is Not Acceptable)

3519 SCOUTOAK Loop

City

OViedo

FL

Zip Code

32765

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 ☐ Delete  
 NAME D  
 STREET ADDRESS FOLINO, JOHN P  
 CITY-ST-ZIP 885 COPPERFIELD TERRACE  
 CASSELBERRY FL

TITLE ☐ Change ☐ Addition  
 NAME D  
 STREET ADDRESS Folino, John P  
 CITY-ST-ZIP 3519 SCOUTOAK Loop  
 OViedo, FL 32765

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00