

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081793

1. Entity Name

G & D RESIDENTIAL, INC.

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90488 038 ***150.00

0312907

Principal Place of Business

1311 NEWPORT CENTER DRIVE WEST
SUITE C
DEERFIELD BEACH FL 33442

Mailing Address

1311 NEWPORT CENTER DRIVE WEST
SUITE C
DEERFIELD BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0709299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALLO, WILLIAM J
1311 NEWPORT CENTER DRIVE WEST
SUITE C
DEERFIELD BEACH FL 33442

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, 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

TITLE DP ☐ Delete
NAME GALLO, WILLIAM J
STREET ADDRESS 4010 NE 40TH AVE
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE DVPT ☐ Delete
NAME DUBOIS, JERRY W
STREET ADDRESS 915 SE 11TH ST
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE S ☐ Delete
NAME THOMPSON, LAURA P
STREET ADDRESS 261 SE 3RD ST
CITY-ST-ZIP POMPANO BCH FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-01

Date

954-480-2800

Daytime Phone #

CR2E034 (10/00)