

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000089132

1. Entity Name

J.F. GERLACH, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90787 032 \*\*\*150.00

Principal Place of Business

109 MANATEE ROAD  
BELLEAIR FL 33756

Mailing Address

109 MANATEE ROAD  
BELLEAIR FL 33756-1415

2. Principal Place of Business

121 N. Osceola Avenue

Suite, Apt. #, etc.

3. Mailing Address

121 N. Osceola Avenue

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3422676

Applied For

Not Applicable

Zip

33755

Country

USA

Zip

33755

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOGAN, FRANK C  
121 NORTH OSCEOLA AVENUE  
SUITE 300  
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

John F. Gerlach

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

121 N. Osceola Avenue

City

Clearwater

FL

Zip Code

33755

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

TITLE P D ☐ Delete  
NAME GERLACH, JOHN F  
STREET ADDRESS 109 MANATEE ROAD  
CITY-ST-ZIP BELLEAIR FL 33756

TITLE VP D ☐ Delete  
NAME GERLACH, DEBRA J  
STREET ADDRESS 109 MANATEE ROAD  
CITY-ST-ZIP BELLEAIR FL 33756

TITLE S D ☒ Delete  
NAME LOGAN, FRANK C  
STREET ADDRESS 121 NORTH OSCEOLA AVENUE, SUITE 300  
CITY-ST-ZIP CLEARWATER FL 33755

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

Date

Daytime Phone #

CR2F034 (9/99)