

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**  
 01-31-2001 90054 036 \*\*\*150.00

**DOCUMENT # P97000032520**

1. Entity Name  
**JEANNE GAVISH, INC.**

Principal Place of Business  
**4098 COMMERCIAL WAY**  
**SPRING HILL FL 34606**

Mailing Address  
**4098 COMMERCIAL WAY**  
**SPRING HILL FL 34606**

00011171



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7141 MARINER BLVD.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7141 MARINER BLVD.**  
 Suite, Apt. #, etc.

City & State  
**SPRING HILL, FLORIDA**  
 Zip **34609** Country **HERNANDO**

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**SPRING HILL, FLORIDA**  
 Zip **34609** Country **HERNANDO**

4. FEI Number **59-3437655** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GAVISH, JEANNE**  
**4098 COMMERCIAL WAY**  
**SPRING HILL FL 34606**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**7141 MARINER BOULEVARD**  
 City **SPRING HILL** FL Zip Code **34609**

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 (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>GAVISH, JEANNE</b> <b>4098 COMMERCIAL WAY</b> <b>SPRING HILL FL 34606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7141 MARINER BOULEVARD</b> <b>SPRING HILL, FLORIDA</b> <b>34609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date **1-19-01** 352.592.3800 Daytime Phone #

CR2E034 (10/00)