

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104921

1. Entity Name

GERRITY FLORIDA, INC.

Principal Place of Business

THREE CENTER PLAZA  
SUITE 410  
BOSTON MA 02108

Mailing Address

THREE CENTER PLAZA  
SUITE 410  
BOSTON MA 02108

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 58-2366394

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

WHITMIRE, DRENNEN L JR  
500 S. AUSTRALIAN AVENUE  
CLEARLAKE PLAZA, SUITE 800  
W PALM BEACH FL 33401

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT  
NAME GERRITY, JOSEPH W  
STREET ADDRESS 1325 ROSEHILL BLVD.  
CITY-ST-ZIP NISKAYUNA NY 12309 ☐ Delete

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

TITLE D  
NAME GERRITY, ROBERT T  
STREET ADDRESS 90 GOOLD ROAD  
CITY-ST-ZIP CHATHAM CENTER NY 12184 ☐ Delete

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

TITLE DVS  
NAME GERRITY, DANIEL W  
STREET ADDRESS 54 FAIRMOUNT AVENUE  
CITY-ST-ZIP BROOKLINE MA 02146 ☐ Delete

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

TITLE D  
NAME CHASE, SUSAN G  
STREET ADDRESS 156 BRYAN ROAD  
CITY-ST-ZIP STOWE VT 05672 ☐ Delete

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

TITLE D  
NAME HOLLAND, CYNTHIA G  
STREET ADDRESS 2 BITTERSWEET TRAIL  
CITY-ST-ZIP ROWAYTON CT 06853 ☐ Delete

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

TITLE D  
NAME ACHILLES, NANCY G  
STREET ADDRESS 40 OLD BROWNTOWN LANE  
CITY-ST-ZIP FLINTHILL VA 22627 ☐ Delete

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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)