

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90055 044 \*\*\*150.00

**DOCUMENT # P97000108614**

1. Entity Name  
**GARY C. KLEVANOSKY, P.A.**

Principal Place of Business 1335 BOLANDER AVENUE SPRING HILL FL 34609	Mailing Address 1335 BOLANDER AVENUE SPRING HILL FL 34609-2828
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2. Principal Place of Business <b>12100 ELSTON STREET</b> Suite, Apt. #, etc.	3. Mailing Address <b>12100 ELSTON STREET</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>SPRING HILL, FL</b>	City & State <b>SPRING HILL, FL</b>	4. FEI Number <b>59-3483990</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34609</b>	Country <b>U.S.A.</b>	Zip <b>34609</b>	Country <b>U.S.A.</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KLEVANOSKY, GARY C SR</b> <del>1335 BOLANDER AVENUE</del> <b>SPRING HILL FL 34609</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE **04/29/2000**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KLEVANOSKY, GARY C SR</b> <del>1335 BOLANDER AVENUE</del> <b>SPRING HILL FL 34609</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KLEVANDSKY, GARY C SR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12100 ELSTON STREET</b> <b>SPRING HILL, FL 34609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Gary C. Klevanosky SR DATE: 04/29/2000 (352) 683-1016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C = 04/19/99