

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000000032

1. Entity Name

GENE AUBRY CORPORATION

Principal Place of Business

Mailing Address

8023 MARINA ISLE  
HOLMES BEACH FL 34217

8023 MARINA ISLE  
HOLMES BEACH FL 04662-0813

2. Principal Place of Business

3. Mailing Address

P.O. BOX 2096  
Suite, Apt. #, etc.

P.O. BOX 2096  
Suite, Apt. #, etc.

City & State

City & State

ANNA MARIA FLORIDA

ANNA MARIA FLORIDA

Zip

Country

Zip

Country

34216

USA

34216

USA

4. FEI Number

65-0803006

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

AUBRY, GENE  
8023 MARINA ISLE  
HOLMES BEACH FL 34217

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, 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

D  
AUBRY, GENE  
8023 MARINA ISLE  
HOLMES BEACH FL 34217

☐ Delete

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☐ 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

EUGENE E. AUBRY

Date

Daytime Phone #

12 JAN 00

207-2769357

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90046 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE