

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027446

1. Entity Name

ADOBE GILA'S OF KEY WEST, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90084 005 ***150.00

Principal Place of Business

Mailing Address

227 Duval ST
Key West, FL 33040

4411 Cleveland Ave
Ft. MYERS, FL 33901

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

65-0823778

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARCHANKA, RICHARD
2075 W First St, Sk 203
Ft MYERS, FL 33901

7. Name and Address of New Registered Agent

Name RICHARD J. SIMEONE
Street Address (P.O. Box Number is Not Acceptable)
436 S. ANDREWS AVE
City FT LAUD FL Zip Code 33301

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

RICHARD J. SIMEONE

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

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	DCFO	<input type="checkbox"/> Delete
NAME	LAGESCHULTE, DAVID	
STREET ADDRESS	4411 Cleveland, Ave	
CITY-ST-ZIP	Ft MYERS, FL 33901	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BRAWNER, TERRY	
STREET ADDRESS	4411 Cleveland Ave	
CITY-ST-ZIP	Ft MYERS, FL 33901	
TITLE	DST	<input type="checkbox"/> Delete
NAME	LYNCH, PAUL W	
STREET ADDRESS	4411 Cleveland Ave	
CITY-ST-ZIP	Ft MYERS, FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Paul W Lynch Sr/Tran

4/21/00

Day

941-275-6339

Daytime Phone #

CR2E034 (9/99)