

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 798000053350  
Entity Name  
ADOBE GILA'S OF OHIO, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**  
05-17-2000 90948 044 \*\*\*150.00

Principal Place of Business  
4411 Cleveland Ave  
Ft Myers, FL 33901

Mailing Address  
4411 Cleveland Ave  
Ft Myers, FL 33901

100826

Principal Place of Business  
3978 REGENT ST  
Suite, Apt. #, etc.  
P-202  
City & State  
COLUMBUS OHIO  
Zip  
43219  
Country  
USA

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number  
58-2470057  
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  
GARGANO, ANTHONY  
2015 W First St, Ste 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

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

RICHARD J. SIMEONE 4/20/00

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

DCED LAGESCHULTE, DAVID 4411 Cleveland Ave Ft Myers, FL 33901	<input type="checkbox"/> Delete
DP BRAWNER, TERRY 4411 Cleveland Ave Ft Myers, FL 33901	<input type="checkbox"/> Delete
DST LYNCH, PAUL 4411 Cleveland Ave Ft Myers, FL 33901	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

3. 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: Paul Lynch 4/21/00 941-275-6339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)