

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90077 014 ***150.00

00022237



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000096322

1. Entity Name

GLOBAL EVENTS, INC.

Principal Place of Business

Mailing Address

5505 N. MILITARY TRAIL
 #308
 BOCA RATON FL 33496

5505 N. MILITARY TRAIL
 #308
 BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3542703

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GABREE, BRIAN M
 2406 HARPER STREET
 JACKSONVILLE FL 32204

AMY RALEY
 5505 N. MILITARY TRAIL
 #308
 BOCA RATON, FL 33496

Name

AMY RALEY

Street Address (P.O. Box Number is Not Acceptable)

5505 N. MILITARY TRAIL #308

City

BOCA RATON

FL

Zip Code

33496

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

Amy Raley

AMY RALEY, PRESIDENT

1-11-00

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	P	<input type="checkbox"/> Delete
NAME	RALEY, AMY	
STREET ADDRESS	5505 N MILITARY TR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RAY, JAMES	
STREET ADDRESS	7014 AC SKINNER PKWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	GARBAGE, BRIAN	
STREET ADDRESS	7014 AC SKINNER PKWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Amy Raley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date

261-995-7265

Daytime Phone #

CR2E034 (9/99)