

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097145

1. Entity Name

KENDALL GAY CONSULTING, INC.

Principal Place of Business

2715 E AVE SOUTH  
SARASOTA FL 34239

Mailing Address

2715 E AVE SOUTH  
SARASOTA FL 34239

2. Principal Place of Business

741 Shorecrest Dr.

Suite, Apt. #, etc.

3. Mailing Address

741 Shorecrest Dr.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34232

Country

USA

Zip

34232

Country

USA

4. FEI Number

65-0876985

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KIRTLEY, WILLIAM T.  
2940 S-TAMIAMI TRAIL  
SARASOTA FL 34239

7. Name and Address of New Registered Agent

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

*Kendall W. Gay*  
Kendall W. Gay

7/9/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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          | PT                | <input type="checkbox"/> Delete |
| NAME           | GAY, KENDALL W    |                                 |
| STREET ADDRESS | 2715 EAST AVE S   |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34239 |                                 |
| TITLE          | VS                | <input type="checkbox"/> Delete |
| NAME           | GAY, MELISSA K    |                                 |
| STREET ADDRESS | 2715 EAST AVE S   |                                 |
| CITY-ST-ZIP    | SARASOTA FL 34239 |                                 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |  |
| STREET ADDRESS | 741 Shorecrest Dr. |  |
| CITY-ST-ZIP    | Sarasota, FL 34232 |  |
| TITLE          |                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |  |
| STREET ADDRESS | 741 Shorecrest Dr. |  |
| CITY-ST-ZIP    | Sarasota, FL 34232 |  |
| 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:

*Kendall W. Gay*  
Kendall W. Gay

7/9/00

Date

Daytime Phone #

CR2E034 (5/00)



DO NOT WRITE IN THIS SPACE