

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098966

1. Entity Name

GLOBAL INVESTMENT ADVISORY SERVICES, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90060 013 \*\*\*158.75

Principal Place of Business

Mailing Address

1900 SUMMIT TOWER BLVD  
SUITE 240  
ORLANDO FL 32810

1900 SUMMIT TOWER BLVD  
SUITE 240  
ORLANDO FL 32810-5911

2. Principal Place of Business

3. Mailing Address

101 Southall Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 400

City & State

Maitland, Florida

City & State

Zip

32751

Country

USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3553960

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

STONE, STEPHEN M  
725 N MAGNOLIA AVE  
ORLANDO FL 32803

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	DCEO	<input type="checkbox"/> Delete
NAME	UDELL, BRUCE	
STREET ADDRESS	1900 SUMMIT TOWER BLVD 240	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DV	<input type="checkbox"/> Delete
NAME	UDELL, JANET	
STREET ADDRESS	1900 SUMMIT TOWER BLVD	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WALK, MITCHELL	
STREET ADDRESS	1900 SUMMIT TOWER BLVD 240	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WALK, NANCY	
STREET ADDRESS	1900 SUMMIT TOWER BLVD 240	
CITY-ST-ZIP	ORLANDO FL 32810	
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"/> 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

Date

Daytime Phone #

Janet A Udell VP 4/11/00 (407) 660-0330

CR2E034 (9/99)