

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013719

1. Entity Name

GLOBAL DATA, INC.

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

06-29-2000 90633 018 \*\*\*150.00

Principal Place of Business

475 E. EAU GALLIE BLVD.  
INDIAN HARBOUR BEACH FL 32937

Mailing Address

475 E. EAU GALLIE BLVD.  
INDIAN HARBOUR BEACH FL 32937-4238

2. Principal Place of Business

3. Mailing Address

218A EAST EAU GALLIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

INDIAN HARBOUR BC

Zip

Country

Zip

Country

32937

USA

4. FEI Number

593595772

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

BUTLER, MIKE  
475 E. EAU GALLIE BLVD.  
INDIAN HARBOUR BEACH FL 32937

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

*Daniel G. Quandt* Daniel G. Quandt CFO 6/20/00

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	D	<input type="checkbox"/> Delete
NAME	BUTLER, MIKE	
STREET ADDRESS	475 E. EAU GALLIE BLVD.	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HABA, HAYDAR	
STREET ADDRESS	475 E. EAU GALLIE BLVD.	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAN QUANDT	
STREET ADDRESS	581 POWSETTIA RD	
CITY-ST-ZIP	Melbourne Beach FL 32951	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

*Daniel G. Quandt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/20/00 321 956 0019  
Date Daytime Phone #

03 (034 (1/11))