

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025299

1. Entity Name

GAYBORHOOD, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90040 021 \*\*\*158.75

Principal Place of Business

Mailing Address

4 WEST LAS OLAS

4 WEST LAS OLAS

STE. 504

STE. 504

FT LAUDERDALE FL 33301

FT LAUDERDALE FL 33301-1803

2. Principal Place of Business

3. Mailing Address

4 West Las Olas

4 West Las Olas

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 504

Ste. 504

City & State Ft Lauderdale, FL

City & State Ft Lauderdale, FL

Zip 33301

Country Broward

Zip 33301

Country Broward

4. FEI Number

65-0905364

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

BIRDSONG, SANDEE  
4 WEST LAS OLAS  
SUITE 504  
FT LAUDERDALE FL 33301

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 PD  
NAME BIRDSONG, SANDEE  
STREET ADDRESS 4 WEST LAS OLAS, STE. 504  
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME MOSS, MARGARET P  
STREET ADDRESS 4 WEST LAS OLAS, STE. 504  
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME ARRIAGA, TERALDO  
STREET ADDRESS 2400 E COMMERCIAL BLVD, SUITE 211  
CITY-ST-ZIP FT LAUDERDALE FL 33308 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/2000

954-763-3115

CR2E034 (9/99)