

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

0081359 AV

**DOCUMENT # P99000090480**

1. Entity Name

**LAW OFFICES OF THOMAS C. GANO, P.A.**

LA

Principal Place of Business

**400 EXECUTIVE CENTER DR  
 STE 201  
 WEST PALM BEACH FL 33401**

Mailing Address

**14915 19TH ST. NORTH  
 LOXAHATCHEE FL 33470**

09074187



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**400 Executive Center Dr**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**Suite 201**

Suite, Apt. #, etc.

City & State

**West Palm Bch FL**

4. FEI Number

**65-0958371**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GANO, THOMAS C  
 14915 19TH ST. NORTH  
 LOXAHATCHEE FL 33470**

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

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 12, 2001 Fee 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 **D** ☐ Delete  
 NAME **GANO, THOMAS C**  
 STREET ADDRESS **14915 19TH ST. NORTH**  
 CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-10-01**

**561-798-0699**

Date

Daytime Phone #

CR2E034 (5/01)

FL Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL

July 10, 2001

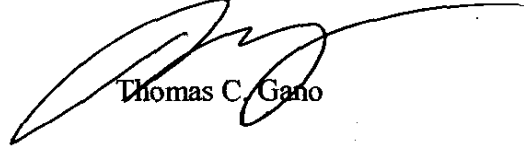
Attachment  
# 799000 090480  
COD 74187

To Whom It May Concern:

This letter is in regards to my uniform business report and the fee of \$150.00 that was due by May. I did not receive the first notice in the mail and am asking that you accept this check for \$150.00. This is my first year to file a business report and I will not let this happen again because now I will know to ask for the form if I do not receive one in the mail.

Thank you for your consideration of this matter.

Sincerely,



Thomas C. Gano