

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000102878**1. Entity Name
GAVIN & GAVIN DEVELOPMENT CORP.Principal Place of Business
11 A. MAY BREWER MEMORIAL WAY SUITE B
TITUSVILLE FL 32796
Mailing Address
1405 N.W. 66TH AVENUE
MARGATE FL 330632. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
P.O. BOX 6056
Suite, Apt. #, etc.City & State
TITUSVILLE FLZip
32782
Country4. FEI Number
65-0991863
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentFEINBERG JEFFREY
4000 HOLLYWOOD BLVD.
SUITE 350-N
HOLLYWOOD FL 33021
US**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 _____ 04/27/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	GAVIN THOMAS H	
STREET ADDRESS	1405 N.W. 66TH AVENUE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GAVIN LAURIE L	
STREET ADDRESS	1405 N.W. 66TH AVENUE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GAVIN DALE R	
STREET ADDRESS	1405 N.W. 66TH AVENUE	
CITY-ST-ZIP	MARGATE FL 33063	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIN THOMAS H	
STREET ADDRESS	P.O BOX 6056	
CITY-ST-ZIP	TITUSVILLE FL 32782	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIN LAURIE L	
STREET ADDRESS	P.O. BOX 6056	
CITY-ST-ZIP	TITUSVILLE FL 32782	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIN DALE R	
STREET ADDRESS	P.O BOX 6056	
CITY-ST-ZIP	TITUSVILLE FL 32782	
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: Thomas Gavin

PRES 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)