

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104556

1. Entity Name

G. A. A. C. H., INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90116 043 ***150.00

Principal Place of Business

280 EAST ATLANTIC AVE.
DELRAY BEACH FL 33444

Mailing Address

280 EAST ATLANTIC AVE.
DELRAY BEACH FL 33444

2. Principal Place of Business

3. Mailing Address

118 N.E. 16th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DELRAY BEACH, FL.

City & State

City & State

4. FEI Number

65-0987501

Applied For

Not Applicable

Zip

Country

Zip

33444

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET, STE. 1
TALLAHASSEE FL 32302

7. Name and Address of New Registered Agent

Name

EDWARD R. GALLAGHER

Street Address (P.O. Box Number is Not Acceptable)

118 NE 16 STREET

City

DELRAY BEACH

FL

Zip Code

33444

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]
Signature typed or printed name of registered agent and title, if applicable.

EDWARD GALLAGHER

4/3/00

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D PRESIDENT
HEYDER, KENNETH
280 EAST ATLANTIC AVE.
DELRAY BEACH FL 33444

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
GALLAGHER, EDWARD
118 NE 16 ST
DELRAY BEACH FL 33444

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE
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CITY-ST-ZIP

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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]
EDWARD R. GALLAGHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/3/00

Daytime Phone #

561
279 8222

CR2E034 (9/99)