

# 2000 UNIFORM BUSINESS REPORT (UBR)

0003372

DOCUMENT # P99000109649

1. Entity Name

GUMENICK HG, INC.

FILED

00 MAY -1 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
SOUTHGATE APARTMENTS BUSINESS OFFICE C/O SOUTHGATE APARTMENTS BUSINESS OFFICE  
WEST AVENUE 900 WEST AVENUE  
BEACH FL 33139 MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0977074

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GUMENICK, SOPHIA C  
C/O SOUTHGATE APARTMENTS BUSINESS OFFICE  
900 WEST AVENUE  
MIAMI BEACH FL 33139

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 D ☐ Delete  
NAME GRANDIS, HARRIET G  
STREET ADDRESS 12860 BACOVA DRIVE  
CITY-ST-ZIP GLEN ALLEN VA 23060

TITLE D, P, S, T ☐ Change ☐ Addition  
NAME Grandis, Harriet G  
STREET ADDRESS 12860 Bacova Drive  
CITY-ST-ZIP Glen Allen, VA 23060

TITLE D ☐ Delete  
NAME GUMENICK, JEROME  
STREET ADDRESS 9518 ARROWDEL COURT  
CITY-ST-ZIP RICHMOND VA 23229

TITLE D ☐ Change ☐ Addition  
NAME Gumenick, Jerome  
STREET ADDRESS 9518 Arrowdel Court  
CITY-ST-ZIP Richmond, VA 23229

TITLE D ☐ Delete  
NAME HORSLEY, WALLER H  
STREET ADDRESS 5020 MONUMENT AVENUE  
CITY-ST-ZIP RICHMOND VA 23230

TITLE D ☐ Change ☐ Addition  
NAME Horsley, Waller H.  
STREET ADDRESS 5020 Monument Avenue  
CITY-ST-ZIP Richmond, VA 23230

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 119.04(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:

Waller H. Horsley, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

Daytime Phone #

CR2E034 (9/99)