

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111032

1. Entity Name

DONNA GAUTHIER BUILDERS, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90036 015 ***150.00

Principal Place of Business

3764 W. GULF TO LAKE HWY
LECANTO FL 34460

Mailing Address

P.O. BOX 505
LECANTO FL 34460-0505

00010300

2. Principal Place of Business

3271 Suncoast Blvd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 505
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOMOSESSA FL

City & State

LECANTO, FL

4. FEI Number

59-361575

Applied For

Not Applicable

Zip

Country

34448

Zip

Country

34460-0505

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

-- GAUTHIER, DONNA A
3764 W. GULF TO LAKE HWY
LECANTO FL 34461

7. Name and Address of New Registered Agent

Name

Gauthier, Donna A

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

3271 S. SUNCOAST Blvd

City

HOMOSESSA

FL

Zip Code

34448

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

Donna Gauthier

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

(NOTE: Registered Agent signature required when reinstating)

2-9-00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GAUTHIER, DONNA	
STREET ADDRESS	3331 W. MONTGOMERY LANE	
CITY-ST-ZIP	CITRUS SPRINGS FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

Donna Gauthier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-00

Date

352-621-7274

Daytime Phone #

CR2E034 (9/99)