

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91053 001 \*\*\*450.00

**DOCUMENT # S47457**

1. Entity Name

**GABLES COMPANY, INC.**

Principal Place of Business

Mailing Address

~~340 ROYAL PALM WAY~~  
~~3RD FLR~~  
PALM BEACH FL 33480  
US

~~340 ROYAL PALM WAY~~  
~~3RD FLR~~  
PALM BEACH FL 33480  
US

2. Principal Place of Business

**232A ROYAL PALM WAY**

3. Mailing Address

**232A ROYAL PALM WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0260513**

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

**DURLAND, STEPHEN H.**  
~~340 ROYAL PALM WAY~~  
~~3RD FLR~~  
PALM BEACH FL 33480

Name

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

**232A ROYAL PALM WAY**

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

**20 APR 01**

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, 2001 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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **DURLAND, STEPHEN H.**  
CITY-ST-ZIP ~~340 ROYAL PALM WAY, 3RD FLR~~  
**PALM BEACH FL 33480**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **232A ROYAL PALM WAY**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEPHEN DURLAND 4/20/01 561 822 9995**

Date

Daytime Phone #

CR2E034 (10/00)