

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90012 041 ***150.00

DOCUMENT # S79793

1. Entity Name

Gavish Realty, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

880 North Broad Street

Suite, Apt. #, etc.

3. Mailing Address

880 North Broad Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Brooksville, FL

City & State

Brooksville, FL

4. FEI Number

59-3101056

Applied For

Not Applicable

Zip 34601

Country USA

Zip 34601

Country USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Jacob R. Gavish

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

City Brooksville

FL

Zip Code 34601

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)** ☐

**January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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

Broker/Owner
Jacob R. Gavish
880 North Main Street
Brooksville, FL 34601

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACOB R. GAVISH

Date

Daytime Phone #

4-23-02

CR2ED34B (12/01)