

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V39044

1. Entity Name

GEDALIA, INC.

Principal Place of Business

14011 CLUBHOUSE CR 1103
TAMPA FL 33624
US

Mailing Address

PO BOX 270326
TAMPA FL 33688-0326
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3126134

Applied For

Not Applicable

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

DAVID FELDMAN
2001 PAN AM CIRCLE
STE 122
TAMPA FL 33607

Name
DAVID FELDMAN

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

14011 CLUBHOUSE CR #1103

City TAMPA

FL

Zip Code

33624

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

David Feldman

4/3/00

Signature, typed or printed name of registered agent and fee (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	P	<input type="checkbox"/> Delete
NAME	FELDMAN, DAVID	
STREET ADDRESS	14011 CLUBHOUSE CR #1103	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FELDMAN, MARILYN	
STREET ADDRESS	14011 CLUBHOUSE CR #1103	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Marilyn Feldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

813-968-9233

MARILYN FELDMAN, SECY/TREAS



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)