

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
04-13-2001 90020 045 ***150.00

DOCUMENT # V41804

1. Entity Name
GAMBLE - WEBB ASSOCIATES, INC.

Principal Place of Business

P. O. BOX 15021
SARASOTA FL 34277
US

Mailing Address

P. O. BOX 15021
SARASOTA FL 34277
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3149385**

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

GAMBLE, ROBERT L.
943 CONTENTO STREET
SARASOTA FL 34242

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, 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	DST	<input type="checkbox"/> Delete
NAME	GAMBLE, ROBERT L.	
STREET ADDRESS	P.O. BOX 15021 N/A	
CITY - ST - ZIP	SARASOTA FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GAMBLE, SHIRLEY K.	
STREET ADDRESS	P.O. BOX 15021 N/A	
CITY - ST - ZIP	SARASOTA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WEBB, NINA	
STREET ADDRESS	P.O. BOX 15021 N/A	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAMBLE-WEBB, DEBRA	
STREET ADDRESS	P.O. BOX 15021 N/A	
CITY - ST - ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAMBLE, DOROTHY G.	
STREET ADDRESS	P.O. BOX 15021 N/A	
CITY - ST - ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shirley K. Gamble *Shirley K. Gamble* *4-06-01* *941-349-5310*

CR2E034 (10/00)