

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V64894

1. Entity Name
GERARD-PHILLIPS AND ASSOCIATES, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90240 037 ***158.75

Principal Place of Business

5118 N 56TH ST
STE 105
TAMPA FL 33610
US

Mailing Address

5118 N 56TH STREET
SUITE 105
TAMPA FL 33610
US

2. Principal Place of Business

1408 N. WESTSHORE

3. Mailing Address

1408 N. Westshore

Suite, Apt. #, etc.

#106

Suite, Apt. #, etc.

Suite 106

City & State

Tampa FL

City & State

Tampa, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

4. FEI Number

59-3149603

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

LACHS, GREGORY A
10227 N OJUS DR
TAMPA FL 33617

Name

GREGORY LACHS

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

1155 Thayer Street

City

Safety Harbor FL

Zip Code

34695

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

GREGORY LACHS, VICE PRESIDENT

4/9/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
LACHS, GREGORY A
10227 N OJUS DR
TAMPA FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
LACHS, GREGORY A
1155 Thayer Street
Safety Harbor, FL 34695 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LACHS, SANDRA P.
6107 SOARING AVENUE
TAMPA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MCDONALD, DOUGLAS
5015 GILBERT AVENUE
TAMPA FL 33615 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

GREGORY LACHS, VICE PRESIDENT

Date

Daytime Phone #

CR2E034 (10/00)