

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 191849

1. Entity Name

GALLOWAY'S INC.

Principal Place of Business

3347 HENDERSON BLVD
P O BOX 10676
TAMPA FL 33679
US

Mailing Address

P O BOX 10676
TAMPA FLA 33679-0676
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLOWAY, RALPH M
1606 S CULBREATH ISLES DR
TAMPA FL 33629

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

CM
GALLOWAY, RALPH
1606 SO. CULBREATH ISLES
TAMPA FL 33629

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
GALLOWAY, JOHN R
1911 WYKAGYL ST.
TAMPA FL 33629

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

EVP
PETRIDES, LAURA
4928 BAY WAY DRIVE
TAMPA FL 33629

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CITY-ST-ZIP

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☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90002 005 ***150.00

829196



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0767073** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2F034 (9/99)

SIGNATURE **RALPH GALLOWAY** **3/31/00** **(813) 823-1937**