

# 2000 UNIFORM BUSINESS REPORT (UBR)

AND FILED

00 JUL 17 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # M99000002017**  
 1. Entity Name  
**GALLAGHER FAMILY L.L.C.**

Principal Place of Business C/O DANIEL C. GALLAGHER 151 MCQUISTON BATTLE CREEK MI 49015	Mailing Address C/O DANIEL C. GALLAGHER 151 MCQUISTON BATTLE CREEK MI 49015
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DO NOT WRITE IN THIS SPACE

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 <b>38-3499642</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 GALLAGHER, RONALD E  
 729-1 BOCA BAY DRIVE  
 BOCA GRANDE FL 33921

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **400003335204-4**  
 Signature, typed or printed name of registered agent and title if applicable. DATE **07/25/00** **01061-003**

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State

\*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLAGHER, RONALD E 151 MCQUISTON BATTLE CREEK MI 49015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALLAGHER, BETTY J 151 MCQUISTON BATTLE CREEK MI 49015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Betty J Gallagher* **SIGNATURE REQUIRED** **BETTY J GALLAGHER** **07-28-00** **616-965-5171**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)