2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State
01-12-2001 90023 009 ***150.00

DOCUMENT # S15795

1. Entity Name
GILLIGAN, KING & GOODING, P.A.

Principal Place of Business	Mailing Address
7 E SILVER SPRINGS BLVD #500 OCALA FL 34470 US	7 E. SILVER SPRINGS BLVD. #500 OCALA FL 34470 US

600992

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 59-3040825 ☐ 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
GILLIGAN, PATRICK G. 7 E. SILVER SPRINGS BLVD. SUITE 500 OCALA FL 34470	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD GILLIGAN, PATRICK G. 4130 SE 3RD ST OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Gilligan, Patrick G. 2309 SE 5th Street Ocala, FL 34471	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KING, ALLAN 700 SE 48TH AVE OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD King, William Allan	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD GOODING, W J III 4802 NE 2 LOOP OCALA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Gooding, WJ III 2245 SE 11th Street Ocala, FL 34471	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: Allan King / ALLAN King 1/3/01 352-867-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #