

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 241344

1. Entity Name

ROY A. GLISSON REALTY, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90061 033 ***150.00

Principal Place of Business

13710-52 PL SO
LAKE WORTH FL 33467
US

Mailing Address

13710 52 PH SO.
LAKE WORTH FL 33467-6055

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 59-0910188

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

GLISSON, ROY-A
13710-52 PL SO.
LAKE WORTH FL 33467

Name Claire E. Glisson

Street Address (P.O. Box Number is Not Acceptable)
13710-52 Place South

City Lake Worth

FL

Zip Code 33467

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 Claire E. Glisson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/00

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 P
NAME GLISSON, ROY A
STREET ADDRESS 13710 52 PL S.
CITY-ST-ZIP LAKE WORTH FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SE
NAME GLISSON, CLAIRE E.A.
STREET ADDRESS 13710 52 PL S.
CITY-ST-ZIP LAKE WORTH FL 33467

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claire E. Glisson Pres.

Date

Daytime Phone #

3/22/00 561/993-1888