

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State
 07-28-2000 90145 047 ***550.00

DOCUMENT # 292172

1. Entity Name

PHIL C. GALLAGHER, INC.

A0069913



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~3050 BISCAYNE BLVD.~~
~~SUITE 412~~
~~MIAMI FL 33137~~
 US

Mailing Address
~~3050 BISCAYNE BLVD.~~
~~SUITE 412~~
~~MIAMI FL 33137~~
 US

2. Principal Place of Business
 3401 N.W. 82nd Ave
 Suite, Apt. #, etc.
 300
 City & State
 Miami FL

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number **59-1092647**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GALLAGHER, PHIL C.
~~3050 BISCAYNE BLVD., SUITE 412~~
~~MIAMI FL 33137~~

7. Name and Address of New Registered Agent
 Name PHIL C GALLAGHER
 Street Address (P.O. Box Number is Not Acceptable)
 3401 N.W. 82nd Ave # 300
 City Miami FL Zip Code 33122

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 Phil C. Gallagher PHIL C GALLAGHER 7-22-00
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PSD	<input type="checkbox"/> Delete	TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, PHIL C		NAME		
STREET ADDRESS	3050 BISCAYNE BLVD., SUITE 412		STREET ADDRESS	3401 N.W. 82nd Ave Suite 300	
CITY-ST-ZIP	MIAMI FL 33		CITY-ST-ZIP	Miami FL 33122	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, VIVIAN E		NAME		
STREET ADDRESS	3050 BISCAYNE BLVD., SUITE		STREET ADDRESS	3401 N.W. 82nd Ave # 300	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami FL 33122	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESSIG, PAMELA		NAME		
STREET ADDRESS	3050 BISCAYNE BLVD STE 412		STREET ADDRESS	3401 N.W. 82nd Ave # 300	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	Miami FL 33122	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Phil C. Gallagher **7-22-00 757507**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #