

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 331045

1. Entity Name

GLENN ASSOCIATES, INC. OF FLA.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90116 005 \*\*\*150.00

Principal Place of Business

14 WINTERGREEN WAY  
OCALA FL 34482

Mailing Address

14 WINTERGREEN WAY  
OCALA FL 34482-6630

2. Principal Place of Business

12 Wintergreen Way  
Suite, Apt. #, etc.

3. Mailing Address

12 Wintergreen Way  
Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34482

Country

USA

Zip

34482

Country

USA

4. FEI Number

59-1212370

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLAIR, FLOYD F  
14 WINTERGREEN WAY  
OCALA FL 34482

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12 Wintergreen Way

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.

FLOYD F. BLAIR

SIGNATURE Floyd F. Blair, President

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

(NOTE: Registered Agent signature required when reinstating)

Feb. 4, 2000

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BLAIR, FLOYD F	
STREET ADDRESS	14 WINTERGREEN WAY	
CITY-ST-ZIP	OCALA, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	BLAIR, MICHAEL G.	
STREET ADDRESS	P.O. BOX 544 N/A	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WARFORD, SUSAN L.	
STREET ADDRESS	14 WINTERGREEN WAY	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12 WINTER GREEN WAY
CITY-ST-ZIP	Ocala, FL 34482
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	345 Plymouth Road
CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Ocala, FL 34482
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

FLOYD F. BLAIR

SIGNATURE: Floyd F. Blair, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 4, 2000

Date

352-237-2533

Daytime Phone #

CR2E034 (9/99)