

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91354 042 ***150.00

DOCUMENT # 351480

1. Entity Name

GILLOGLY & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

~~017 S. GONDOLA DRIVE~~ **1732**
~~P.O. BOX 938~~ **LAKE SIDE DR**
~~VENICE FL 34284~~~~017 S. GONDOLA DRIVE~~ **1732**
~~P.O. BOX 938~~ **LAKE SIDE DR**
~~VENICE FL 34284~~

2. Principal Place of Business

3. Mailing Address

1732 LAKESIDE DR**1732 LAKESIDE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 938**P.O. Box 938**

City & State

City & State

VENICE, FLA**VENICE, FLA**

Zip

Country

Zip

Country

34293**FLA****34293****FLA**

4. FEI Number

59-1276883

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

GILLOGLY, BETTY
1723 LAKESIDE DR
VENICE FL 34293

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLOGLY, MICHAEL D	NAME	
STREET ADDRESS	1723 LAKESIDE DR	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLOGLY, BETTY	NAME	
STREET ADDRESS	1732 LAKESIDE DR	STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293	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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-2001 941-497-5605

CR2E034 (10/00)