

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 365174

1. Entity Name

C.J. GILLIES INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90119 043 \*\*\*158.75

Principal Place of Business

278 TOMOKA AVE.  
ORMOND BEACH FL 32175  
US

Mailing Address

P.O. BOX 1557  
NEW SMYRNA BEACH FL 33447-3066  
US

2. Principal Place of Business

3. Mailing Address

PO Box 3066

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
DELRAY BEACH FL

4. FEI Number

59-1320075

Applied For

Not Applicable

Zip

Country

Zip

Country

33447

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

GILLIES, CHARLES J.  
146 MARINA BAY DR  
P.O. BOX 1557  
NEW SMYRNA BEACH FL 32170

Name

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

932 GARDENIA DRIVE

City  
DELRAY BEACH

FL

Zip Code  
33483

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.

CHARLES J. GILLIES PRESIDENT

SIGNATURE

*Charles J. Gillies Pres*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1/24/2000

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	<input type="checkbox"/> Delete
NAME	GILLIES, CHARLES J	
STREET ADDRESS	146 MARINA BAY DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	STV	<input type="checkbox"/> Delete
NAME	RYAN, MAUREEN P	
STREET ADDRESS	800 LAMBERT AVE.	
CITY-ST-ZIP	FLGLER BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RYAN, MAUREEN P.	
STREET ADDRESS	800 LAMBERT AVENUE	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	RYAN, SHANNON B.	
STREET ADDRESS	800 LAMBERT	
CITY-ST-ZIP	FLGLER BCH 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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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.

CHARLES J. GILLIES PRESIDENT

SIGNATURE:

*Charles J. Gillies Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/24/2000

561-278-8085  
Daytime Phone #

CR2E034 (9/99)