

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90065 018 \*\*\*150.00

**DOCUMENT # 557812**

1. Entity Name

**GLEN MILLER PROPERTIES, INC.**

Principal Place of Business

**3421 SW 17 AVE  
 Ocala FL 34482-4051  
 US**

Mailing Address

**3421 SW 17 AVE  
 Ocala FL 34482-4051  
 US**

2. Principal Place of Business

**160 NW 150 AVE**

3. Mailing Address

**160 NW 150<sup>th</sup> AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**OCALA, FL**

City & State

**OCALA, FL**

4. FEI Number

**59-1798675**

Applied For

Not Applicable

Zip

Country

**34482-6658**

**US**

Zip

Country

**34482-6658**

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**RANEW, THOMAS C. JR.  
 2801 SW COLLEGE ROAD  
 Ocala FL 34474**

7. Name and Address of New Registered Agent

Name

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

**3711 NE 42<sup>nd</sup> LN**

City

**OCALA**

FL

Zip Code

**34479**

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, 2002 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	PDS	<input type="checkbox"/> Delete
NAME	MILLER, GLEN H.	
STREET ADDRESS	3421 SW 17TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLER, EILEEN	
STREET ADDRESS	3421 S.W. 17TH AVE.	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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.

**SIGNATURE: Eileen Miller DECEMBER MILLER 2-15-02 352-237-1783**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)