

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604538

1. Entity Name

WILLIAM C. GREGG, III CHARTERED

Principal Place of Business

Mailing Address

622 BYPASS DR. #100  
CLEARWATER FL 33764  
US

622 BYPASS DR. #100  
CLEARWATER FL 33764-5024  
US

2. Principal Place of Business

6 WINSTON DR

Suite, Apt. #, etc.

3. Mailing Address

6 WINSTON DR

Suite, Apt. #, etc.

City & State

BELOAIR FL

City & State

BELOAIR FL

Zip

33756

Country

US

Zip

33756

Country

US

6. Name and Address of Current Registered Agent

GREGG, WILLIAM C III  
611 E DRUID RD #512  
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

Name

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

6 WINSTON DR

City

BELOAIR

FL

Zip Code

33756

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

WILLIAM C GREGG

1/27/00

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 PDS ☐ Delete  
NAME GREGG, WILLIAM C III  
STREET ADDRESS 622 BYPASS DR. #100  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6 WINSTON DR  
CITY-ST-ZIP BELOAIR, FL 33756

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**NOT REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90140 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1466009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required