

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 638810

Entity Name

GILLILAND INSURANCE AGENCY, INC.

FILED

May 07, 2000 8:00 am
Secretary of State

05-07-2000 90014 042 ***150.00

LU083709



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

466 N HARBOR CITY BLVD
MELBOURNE FL 32902
US

P.O. BOX 536
MELBOURNE FL 32902-0536
US

2. Principal Place of Business

3. Mailing Address

512 N Harbor City Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Melbourne, FL

City & State

4. FEI Number 58-1396180

Applied For

Not Applicable

Zip Country
32935 Brevard

Zip Country

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

PLATT, JACK L
520 N HARBOR CITY BLVD
MELBOURNE FL 32902

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, 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 PD ☐ Delete
NAME GILLILAND, JOY J.
STREET ADDRESS 464 N. HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL 32936

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00