

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F14867

1. Entity Name

EAU GALLIE REALTY, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90013 039 ***150.00

Principal Place of Business

701 BARBER ST.
SEBASTIAN FL 32958
US

Mailing Address

701 BARBER ST.
SEBASTIAN FL 32958
US

2. Principal Place of Business

701 Barber St.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sebastian, FL 32958

Zip
32958

Country
USA

Zip

Country

4. FEI Number 59-2142536

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNNICUTT, JUANITA
701 BARBER ST
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME HUNNICUTT, JUANITA
STREET ADDRESS 701 BARBER ST
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE D
NAME HUNNICUTT, JUANITA
STREET ADDRESS 701 BARBER ST
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE VST
NAME HUNNICUTT, JUANITA
STREET ADDRESS 701 BARBER ST
CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

Juanita Hunnicutt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/01 261-571-0412

CR2E034 (10/00)