

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90004 011 ***550.00

DOCUMENT # F94486

1. Entity Name
THE GALLERIES 19, INC.

Principal Place of Business: **100 INDIAN ROCKS RD BELLEAIR BLUFFS FL 34640**

Mailing Address: **100 INDIAN ROCKS RD BELLEAIR BLUFFS FL 34640**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country

4. FEI Number: **59-2215346**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LEE, LOIS A
14110 HARBORWOOD DR.
LARGO FL 34644

7. Name and Address of New Registered Agent
 Name: **ANABEL LARSON**
 Street Address (P.O. Box Number is Not Acceptable): **1310 GULF BOULEVARD**
 City: **CLEARWATER FL** Zip Code: **33767**

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: **ANABEL LARSON, PRES** *Anabel E. Larson* **Pres 9/10/00**
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.

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	NAME: LEE, LOIS A.	TITLE: PRESIDENT	NAME: ANABEL LARSON
STREET ADDRESS: 14110 HARBORWOOD DR.	CITY-ST-ZIP: LARGO FL	STREET ADDRESS: 1310 GULF BOULEVARD	CITY-ST-ZIP: CLEARWATER, FL 33767
TITLE: ST	NAME: LEE, KENNETH R.	TITLE: SECRETARY	NAME: MARJORIE DOUGLASS
STREET ADDRESS: 14110 HARBORWOOD DR.	CITY-ST-ZIP: LARGO FL	STREET ADDRESS: 325 6th AV.	CITY-ST-ZIP: INDIAN ROCKS BCH, FL. 33785
TITLE: V	NAME: LEE, ROBERT K	TITLE: 	NAME:
STREET ADDRESS: 11011 SW 11 CT	CITY-ST-ZIP: PEMBROKE PINES FL	STREET ADDRESS: 	CITY-ST-ZIP:
TITLE: 	NAME: 	TITLE: 	NAME:
STREET ADDRESS: 	CITY-ST-ZIP: 	STREET ADDRESS: 	CITY-ST-ZIP:
TITLE: 	NAME: 	TITLE: 	NAME:
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TITLE: 	NAME: 	TITLE: 	NAME:
STREET ADDRESS: 	CITY-ST-ZIP: 	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: *Anabel E. Larson* **9/10/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)