

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-05-2001 90007 006 ***150.00
 07-24-2001 90020 008 ***400.00

DOCUMENT # F96000000803

1. Entity Name

GALLOWAY, JOHNSON, TOMPKINS, BURR & SMITH, A PRO

Principal Place of Business

**55 BAYBRIDGE DRIVE
 GULF BREEZE FL 32561
 US**

Mailing Address

**55 BAYBRIDGE DRIVE
 GULF BREEZE FL 32561
 US**

00059344



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **72-1089568**

Applied For
 Not Applicable

Zip

Country

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

**BURR, TIMOTHY T
 55 BAYBRIDGE DR
 GULF BREEZE FL 32561**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **GALLOWAY, JOHN E**
 STREET ADDRESS **4817 JANICE STREET**
 CITY-ST-ZIP **KENNER LA 70062**

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

TITLE **D** ☐ Delete
 NAME **PHARR, MARK**
 STREET ADDRESS **1806 MCDUFFIR**
 CITY-ST-ZIP **HOUSTON TX 77019**

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

TITLE **D** ☐ Delete
 NAME **TOMPKINS, JAMES M**
 STREET ADDRESS **2004 MILFORD**
 CITY-ST-ZIP **HOUSTON TX 77098**

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

TITLE **D** ☐ Delete
 NAME **BURR, TIMOTHY F**
 STREET ADDRESS **208 PINETREE DR**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

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

TITLE **D** ☐ Delete
 NAME **SMITH, THOMAS J**
 STREET ADDRESS **260 BIGNER ST**
 CITY-ST-ZIP **MANDEVILLE LA 70471**

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

TITLE **D** ☐ Delete
 NAME **DIAMOND, JEFFREY**
 STREET ADDRESS **4535 MULBERRY PARK LANE**
 CITY-ST-ZIP **KINGWOOD TX 77345**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-01

Date

504 525-6802

Daytime Phone #

CR2E034 (10/00)

Attachment
D#F9600000803
[REDACTED]
D0059344

D
Richard G. Duplantier, Jr.
856 City Park Ave
New Orleans, LA 70119

D
Larry Canada
6915 Vicksburg St.
New Orleans, LA 70124

D
J. Michael Grimley, Jr.
134 Pinehurst Dr.
New Orleans, LA 70131

D
Gerald A. Melchiode
5724 Berkley Dr.
New Orleans, LA 70131

D
Jason P. Waguespack
4868 Constance Street
New Orleans, LA 70115