

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G46709

1. Entity Name

GLENN E. MCCALLISTER AGENCY, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90055 042 ***150.00

Principal Place of Business

Mailing Address

% GLENN E. MCCALLISTER
262 E. MERRITT ISLAND CAUSEWAY, STE. 11
MERRITT ISLAND FL 32952
US

P.O. BOX 540277
MERRITT ISLAND FL 32954-0277
US

2. Principal Place of Business

3. Mailing Address

2555 N. COURTENAY PARKWAY
Suite, Apt. #, etc.
UNIT # 28

Suite, Apt. #, etc.

City & State
MERRITT ISLAND FL

City & State

Zip
32953

Country
FLORIDA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2316402

Applied For
Not Applicable

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

MCCALLISTER, GLENN E.
262 E. MERRITT ISLAND CAUSEWAY, STE. 11
MERRITT ISLAND FL 32952

Name GLENN E. MCCALLISTER
Street Address (P.O. Box Number is Not Acceptable)
2555 N. COURTENAY PARKWAY
UNIT # 28
City MERRITT ISLAND FL Zip Code 32953

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 *Glenn E. McCallister* GLENN E. MCCALLISTER 4-17-00
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. (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	D	<input type="checkbox"/> Delete
NAME	MCCALLISTER, GLENN E.	
STREET ADDRESS	1409 GLENEAGLES CIRCLE	
CITY-ST-ZIP	ROCKRIDGE FL 32955	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCALLISTER, BERNICE S.	
STREET ADDRESS	1409 GLENEAGLES CIRCLE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCCALLISTER, GLENN E. JR	
STREET ADDRESS	4811 HORTON ST.	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Glenn E. McCallister* DIRECTOR 4-17-00 321-453-2618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #