

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90094 012 \*\*\*150.00

**DOCUMENT # G46709**

1. Entity Name

**GLENN E. MCCALLISTER AGENCY, INC.**

Principal Place of Business

**2555 N. COURTENAY PKWY  
UNIT 28  
MERRITT ISLAND FL 32953  
US**

Mailing Address

**P.O. BOX 540277  
MERRITT ISLAND FL 32954  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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.  
2555 N. COURTENAY PKWY  
UNIT 28  
MERRITT ISLAND FL 32953**

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)