

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K48857

1. Entity Name

GALLIMORE REALTY, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90176 022 ***150.00

Principal Place of Business

1051 WINDERLEY PLACE
#307
MAITLAND FL 32751
US

Mailing Address

1051 WINDERLEY PLACE
#307
MAITLAND FL 32751-7249
US

2. Principal Place of Business

3190 Houston Valley Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 271
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Greenville TN

City & State

Greenville TN

4. FEI Number

59-2921686

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

GALLIMORE, E. LYNDON
1051 WINDERLEY PLACE
#307
MAITLAND FL 32751

Name

Ellsworth G. Gallimore

Street Address (P.O. Box Number is Not Acceptable)

557 NORTH WYMORE ROAD

SUITE 102

City

MAITLAND

FL

Zip Code

32751

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

Ellsworth G. Gallimore

1/24/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | GALLIMORE, E. LYNDON | |
| STREET ADDRESS | 1486 GRACE LAKE CIRLCE | |
| CITY-ST-ZIP | LONGWOOD FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GALLIMORE, ELLSWORTH G. | |
| STREET ADDRESS | 1051 WINDERLEY PLACE STE 307 | |
| CITY-ST-ZIP | MAITLAND FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | GALLIMORE, E. LYNDON | |
| STREET ADDRESS | 1486 GRACE LAKE CIR | |
| CITY-ST-ZIP | LONGWOOD FL | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | GALLIMORE, COURTNEY B. | |
| STREET ADDRESS | 155 BLACKWELL RD. | |
| CITY-ST-ZIP | CAMPOBELLO SC 29322 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 3190 Houston Valley Rd | |
| CITY-ST-ZIP | Greenville, TN 37743 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 557 NORTH WYMORE RD., SUITE 102 | |
| CITY-ST-ZIP | MAITLAND, FL 32751 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 3190 Houston Valley Rd | |
| CITY-ST-ZIP | Greenville TN 37743 | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Lyndon Gallimore 1/24/2000 (423) 639-6506
Pres.

Date

Daytime Phone #

CR2E034 (9/99)