

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L10370

1. Entity Name

GLENDAL INDUSTRIAL PARK, INC.

**FILED**  
**Feb 20, 2000 8:00 am**  
**Secretary of State**

02-20-2000 90026 009 \*\*\*150.00

Principal Place of Business

900 9TH PLACE  
VERO BEACH FL 32960  
US

Mailing Address

900 9TH PLACE  
SUITE 4  
VERO BEACH FL 32960-6856  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0171290

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

SULLIVAN, CHARLES A SR.

755 8TH COURT, SUITE 4

VERO BEACH FL 32962

900 9th Place →  
32960

Name

Charles A. Sullivan Sr.

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

900 9th Place

City

Vero Beach

FL

Zip Code

32960

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, 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	PD	<input type="checkbox"/> Delete
NAME	SULLIVAN, MICHAEL A	
STREET ADDRESS	755 8TH COURT, SUITE 4	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SULLIVAN, CHARLES A SR.	
STREET ADDRESS	755 8TH COURT, SUITE 4	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SULLIVAN, KATHLEEN R	
STREET ADDRESS	755 8TH, SUITE 4	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RADFORD, PATRICIA S	
STREET ADDRESS	755 8TH COURT, SUITE 4	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCALLISTER, BARBARA A	
STREET ADDRESS	755 8TH COURT, SUITE 4	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SULLIVAN, CHARLES A JR.	
STREET ADDRESS	755 8TH COURT, SUITE 4	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	900 9th Place
CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	900 9th Place
CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	900 9th Place
CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	900 9th Place
CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	900 9th Place
CITY-ST-ZIP	Vero Beach, FL 32960

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/00 561-770-0665  
Date Daytime Phone #

CR2E034 (9/99)