

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L41041

1. Entity Name

GARY MARKEL ENTERPRISES, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90061 043 \*\*\*158.75

Principal Place of Business

Mailing Address

C/O GARY L. MARKEL  
9700 NINTH ST.N.STE 400 - P.O.BOX 20007  
ST. PETERSBURG, FL 33702

C/O GARY L. MARKEL  
9700 NINTH ST.N.STE 400 - P.O.BOX 20007  
ST. PETERSBURG, FL 33762-2307

2. Principal Place of Business

1901 Ulmerton Rd

Suite, Apt. #, etc.

Suite 700

City & State

Clearwater, FL

Zip

33762

Country

USA

3. Mailing Address

1901 Ulmerton Rd.

Suite, Apt. #, etc.

Suite 700

City & State

Clearwater, FL

Zip

33762

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2980099

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARKEL, GARY L.  
9700 NINTH ST., N.  
ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name

Gary L. Markel

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

1901 Ulmerton Rd., Ste. 700

City

Clearwater

FL

Zip Code

33762

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

TITLE **P** ☐ Delete  
NAME **MARKEL, GARY L.**  
STREET ADDRESS **9700 NINTH STREET NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **markel, Gary L.**  
STREET ADDRESS **1901 Ulmerton Rd., Ste. 700**  
CITY-ST-ZIP **Clearwater, FL 33762**

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

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

Date

727-540-9100

Daytime Phone #