

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004787

1. Entity Name

GILLIAM ROAD PROPERTY OWNERS
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2111 GILLIAM ROAD
TALLAHASSEE, FL 32308

2. Principal Place of Business

3. Mailing Address

2111 GILLIAM ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALLAHASSEE FL

4. FEI Number

59-347-8020

Applied For

Not Applicable

Zip

Country

Zip

Country

32308

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

CHASTAIN, BENNY
2814 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

Name

ROBERT G. RUSH

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

2111 GILLIAM ROAD

City

TALLAHASSEE,

FL

Zip Code

32308

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

Robert G. Rush

2-27-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME DIRECTOR
STREET ADDRESS RUSH, ROBERT
CITY-ST-ZIP 2111 GILLIAM ROAD
TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2111 GILLIAM ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME DIRECTOR
STREET ADDRESS CARROLL, MARSHALL
CITY-ST-ZIP 2111 GILLIAM ROAD 32308
TALLAHASSEE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2111 GILLIAM ROAD
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS WILGUS, ROBERT
CITY-ST-ZIP 2111 GILLIAM ROAD
TALLAHASSEE, FL 32308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert G. Rush

Robert G. Rush

2-27-01

850-422-3699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)