

**2002 UNIFORM BUSINESS REPORT (UBR)**

1/11/02-90015-007-S6

**FILED**  
**Mar 10, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90015 007 \*\*\*61.25

DOCUMENT # N97000005362

1. Entity Name

GALT ISLAND AVENUE PROPERTY RIGHTS GROUP, INC.

Principal Place of Business

3861 GALT ISLAND AVENUE  
 ST. JAMES CITY FL 33956

Mailing Address

3861 GALT ISLAND AVENUE  
 ST. JAMES CITY FL 33956

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 65-0787048

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCHANAN, PHILLIP G  
 3861 GALT ISLAND AVENUE  
 ST. JAMES CITY FL 33956

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]* <sup>Reg Agent</sup> *[Signature]* DATE 5 Jan 02  
Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
DP BUCHANAN, PHILLIP G	3861 GALT ISLAND AVE ST JAMES CITY FL 33956		
<del>DP PARKER, SCOTT</del>	<del>3901 GALT ISLAND AVE ST JAMES CITY FL 33956</del>		
DV BEINHOWER, ROBERT S	3931 GALT ISLAND AVENUE SAINT JAMES CITY FL 33956		
<del>BACK STAFF</del>		DV JACK RADDOY	VICE PRESIDENT 3911 GALT ISLAND AVENUE ST JAMES CITY, FL 33956

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: *[Signature]* Phillip G. Buchanan  
 Date 5 Jan 02  
 Daytime Phone 941-2892 48069

CR2E037 (9/01)