

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90978 046 ***150.00

DOCUMENT # P00000035102

1. Entity Name

RYAN, PALMER & GAW, INC.

Principal Place of Business

**439 POWELL AVENUE
 LITTLE TORCH KEY FL 33042**

Mailing Address

**439 POWELL AVENUE
 LITTLE TORCH KEY FL 33042**

2. Principal Place of Business

439 POWELL AVE.

Suite, Apt. #, etc.

3. Mailing Address

439 POWELL AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LITTLE TORCH KEY, FL.
 Zip
33042
 Country
U.S.

4. FEI Number
65-1004594

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RYAN PALMER, ELIZABETH
 1123 W. NEW HAMPSHIRE ST.
 ORLANDO FL 32804**

7. Name and Address of New Registered Agent

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, 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, 2002 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	<input type="checkbox"/> Delete
NAME	RYAN, PHILLIP N	
STREET ADDRESS	439 POWELL AVENUE	
CITY-ST-ZIP	LITTLE TORCH KEY FL 33042	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RYAN, JUDITH A	
STREET ADDRESS	1123 W NEW HAMPSHIRE STREET	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PALMER, THOMAS B	
STREET ADDRESS	4430 TIMBERLANE ROAD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PALMER, ELIZABETH A	
STREET ADDRESS	4430 TIMBERLANE ROAD	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GAW, MICHAEL T	
STREET ADDRESS	211 LAKE SHORE DRIVE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GAW, JENNIFER J	
STREET ADDRESS	211 LAKE SHORE DRIVE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phillip N. Ryan	
STREET ADDRESS	439 POWELL AVE	
CITY-ST-ZIP	LITTLE TORCH KEY, FL 33042	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judith A. Ryan	
STREET ADDRESS	1123 W. New Hampshire St	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas B. Palmer	
STREET ADDRESS	4430 Timberlane Rd	
CITY-ST-ZIP	LAKE WALES, FL 33853	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth A. Palmer	
STREET ADDRESS	4430 Timberlane Rd.	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael T. Gaw	
STREET ADDRESS	1118 S. PALMETTO AVE	
CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer J. Gaw	
STREET ADDRESS	1118 S. Palmetto Ave.	
CITY-ST-ZIP	Sanford, FL 32771	

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: **Phillip N. Ryan** **PHILLIP N. RYAN** 3/24/02 305 289-5787
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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CR2E034 (9/01)