

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P93000069501

1. Entity Name

GLA PROPERTIES, INC. ✓

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90020 032 \*\*\*550.00

Principal Place of Business

2 BAYOU DRIVE  
FT WALTON BEACH FL 32547

Mailing Address

2 BAYOU DRIVE  
FT WALTON BEACH FL 32547

2. Principal Place of Business

3. Mailing Address

5540 LILAC AV.

5540 LILAC AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
MILTON, FLCity & State  
MILTON, FL

4. FEI Number 59-3209514

Applied For

Not Applicable

Zip  
32570Country  
SANTA ROSAZip  
32570Country  
SANTA ROSA5. 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

HUTTO, BILL R  
101 EAST 23RD STREET  
3RD FLOOR  
PANAMA CITY FL 32405

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	ADAMS, GEORGE L JR	5540 LILAC AVENUE	MILTON FL 32570	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JONES, JOHNNIE D	1699 W HWY 98, #503	MARY ESTHER FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

7.13.00  
George L. Adams, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

888-876-1132

CF2EQ34-13001