

2000 UNIFORM BUSINESS REPORT (UBR)

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

07-19-2000 90020 032 ***550.00

DOCUMENT # P93000069501

1. Entity Name
GLA PROPERTIES, INC.



Principal Place of Business: **2 BAYOU DRIVE FT WALTON BEACH FL 32547**
 Mailing Address: **2 BAYOU DRIVE FT WALTON BEACH FL 32547**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **5540 LILAC AV.**
 3. Mailing Address: **5540 LILAC AV.**

City & State: **MILTON, FL** City & State: **MILTON, FL** 4. FEI Number: **59-3209514** Applied For: Not Applicable

Zip: **32570** Country: **SANTA ROSA** Zip: **32570** Country: **SANTA ROSA** 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent: **HUTTO, BILL R 101 EAST 23RD STREET 3RD FLOOR PANAMA CITY FL 32405**
 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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: P <input type="checkbox"/> Delete	ADAMS, GEORGE L JR	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: ADAMS, GEORGE L JR	5540 LILAC AVENUE	NAME: _____	
STREET ADDRESS: 5540 LILAC AVENUE	MILTON FL 32570	STREET ADDRESS: _____	
CITY-ST-ZIP: MILTON FL 32570		CITY-ST-ZIP: _____	
TITLE: D <input type="checkbox"/> Delete	JONES, JOHNNIE D	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: JONES, JOHNNIE D	1699 W HWY 98, #503	NAME: _____	
STREET ADDRESS: 1699 W HWY 98, #503	MARY ESTHER FL	STREET ADDRESS: _____	
CITY-ST-ZIP: MARY ESTHER FL		CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		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: **George L. Adams, Jr.** **7.13.00** **888-876-1132**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2003-10001