

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90047 018 ***150.00

630233



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000070919

1. Entity Name

GALLIMORE TURTLE CREEK, INC.

Principal Place of Business

1051 WINDERLEY PLACE, STE. 307
 MAITLAND FL 32751

Mailing Address

1051 WINDERLEY PLACE, STE. 307
 MAITLAND FL 32751-7249

2. Principal Place of Business

557 NORTH WYMORE ROAD

Suite, Apt. #, etc.

SUITE 102

City & State

MAITLAND, FL

3. Mailing Address

557 NORTH WYMORE ROAD

Suite, Apt. #, etc.

SUITE 102

City & State

MAITLAND, FL

4. FEI Number

59-3335113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GALLIMORE, ELLSWORTH G
 1051 WINDERLEY PLACE
 STE 307
 MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

same - no change

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

557 NORTH WYMORE ROAD

SUITE 102

City

MAITLAND

FL

Zip Code

32751

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	GALLIMORE, ELLSWORTH G	
STREET ADDRESS	1051 WINDERLEY PLACE, STE. 307	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	GALLIMORE, SHIRLEY P	
STREET ADDRESS	1051 WINDERLEY PLACE, STE. 307	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	V	<input type="checkbox"/> Delete
NAME	GALLIMORE, E. LYNDON	
STREET ADDRESS	1051 WINDERLEY PALCE, STE. 307	
CITY-ST-ZIP	MIATLAND FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GALLIMORE, COURTNEY B	
STREET ADDRESS	1051 WINDERLEY PLACE, STE. 307	
CITY-ST-ZIP	MAITLAND FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WARD, LOUISE A	
STREET ADDRESS	1051 WINDERLEY PLACE, STE. 307	
CITY-ST-ZIP	MAITLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	557 NORTH WYMORE ROAD, SUITE 102	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	557 NORTH WYMORE ROAD, SUITE 102	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3190 HOUSTON VALLEY ROAD	
CITY-ST-ZIP	GREENEVILLE, TN 37743	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	155 BLACKWELL ROAD	
CITY-ST-ZIP	CAMPOBELLO, SC 29322	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	557 NORTH WYMORE ROAD, SUITE 102	
CITY-ST-ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louise A. Ward, Vice President

3/14/00

Date

(407) 667-0100

Daytime Phone #

CR2E034 (9/99)