

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026000

1. Entity Name

GALLAGHER & HOWARD, P.A.

FILED

Mar 14, 2000 8:00 am  
Secretary of State

03-14-2000 90051 031 \*\*\*150.00

Principal Place of Business

Mailing Address

~~701 MAXIMO AVENUE  
CLEARWATER FL 34610~~

~~701 MAXIMO AVENUE  
CLEARWATER FL 33759-0614~~

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2. Principal Place of Business

505 E. JACKSON ST.

3. Mailing Address

505 E. JACKSON ST.

Suite, Apt. #, etc.

SUITE 302

Suite, Apt. #, etc.

SUITE 302

CITY & STATE  
TAMPA, FL

CITY & STATE  
TAMPA, FL

Zip Country  
33602 USA

Zip Country  
33602 USA

4. FEI Number 59-3365392

Applied For  
Not Applicable

5. 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

~~HOWARD, MICHAEL S  
701 MAXIMO AVENUE  
CLEARWATER FL 34610~~

Name T. SAMANTHA CHECHELE, ESQUIRE

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

5625 CENTRAL AVE

City ST. PETERSBURG FL Zip Code 33710

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 T.S. Chechele  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

3/2/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME HOWARD, MICHAEL S  
STREET ADDRESS ~~701 MAXIMO AVENUE~~  
CITY-ST-ZIP ~~CLEARWATER FL 34610~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2416 HUNTINGTON BLVD  
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE VP ☐ Delete  
NAME J. DAVID GALLAGHER  
STREET ADDRESS 416 S. SHORE CREST DR  
CITY-ST-ZIP TAMPA, FL 33609

TITLE VP ☐ Change ☒ Addition  
NAME J. DAVID GALLAGHER  
STREET ADDRESS 416 S. SHORE CREST DR  
CITY-ST-ZIP TAMPA, FL 33609

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

3/2/2000

CR2E034 (9/99)