

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90538 003 ***150.00

0051549

DOCUMENT # P98000099388

1. Entity Name

GLEN ABBEY NORTH, INC.

Principal Place of Business

Mailing Address

**36 SOUTH U.S. HIGHWAY 17-92
 SUITE 100
 DEBARY FL 32713**

**36 SOUTH U.S. HIGHWAY 17-92
 SUITE 100
 DEBARY FL 32713**

814698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

180 TREEMONTE DR

180 TREEMONTE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORANGE CITY FL

ORANGE CITY FL

Zip

Country

Zip

Country

32713

32713

4. FEI Number

59-3548447

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

**DIVINE, RUSSELL W
 28 WEST CENTRAL BOULEVARD
 SUITE 260
 ORLANDO FL 32801**

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, 2001 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 ☐ Delete
 NAME **PTD**
 STREET ADDRESS **GRAY, JOHN C JR.**
 CITY-ST-ZIP **36 SOUTH U.S. HIGHWAY 17-92 #100 DEBARY FL 32713**

TITLE ☒ Change ☐ Addition
 NAME **GRAY, JOHN C JR**
 STREET ADDRESS **180 TREEMONTE DR**
 CITY-ST-ZIP **ORANGE CITY FL 32713**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

** John C. Gray Jr*

JOHN C. GRAY JR. 2/14/01 407-668-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)