

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100434

1. Entity Name

GALLET & ASSOCIATES GULF COAST, INC.

FILED

Jun 05, 2000 8:00 am  
Secretary of State

06-05-2000 90040 028 \*\*\*150.00

Principal Place of Business

Mailing Address

3355 COPTON RD  
PENSACOLA FL 32514

P.O. BOX 30035  
PENSACOLA FL 32503-1035

00001012

2. Principal Place of Business

3. Mailing Address

3355 Copter Rd  
Suite, Apt. #, etc.  
Suite 8

320 Beacon Pkwy. W.  
Suite, Apt. #, etc.

City & State

City & State

Pensacola, FL

Birmingham, AL 35209

Zip Country

Zip Country

32514

35209

4. FEI Number 63-1213967

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

NRAI SERVICES, INC.  
526 E PARK AVE  
TALLAHASSEE FL 32301

Name

Peter Dohms

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

3355 Copter Rd. Suite 8

City

Pensacola,

FL

Zip Code

32514

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

*John H. Moran, Director of Finance*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/7/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME GALLET, ALAIN J  
STREET ADDRESS 320 BEACON PARKWAY WEST  
CITY-ST-ZIP BIRMINGHAM AL 35209-3104

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

TITLE D ☐ Delete  
NAME MORAN, MARY S  
STREET ADDRESS 320 BEACON PARKWAY WEST  
CITY-ST-ZIP BIRMINGHAM AL 35209-3104

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

TITLE D ☐ Delete  
NAME DOHMS, PETER H  
STREET ADDRESS 3355 COPTON RD  
CITY-ST-ZIP PENSACOLA FL 32514

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3355 Copter Rd. Suite 8  
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 H. Moran, Director of Finance*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)