

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013909

1. Entity Name

GALLAGHER AGENCY, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90090 047 ***150.00

Principal Place of Business

2010 MATECUMBE KEY ROAD
PUNTA GORDA FL 33955-4639

Mailing Address

2010 MATECUMBE KEY ROAD
PUNTA GORDA FL 33955-4639

632954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0895089**

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

GALLAGHER, THOMAS K

~~2009 LAKEVIEW BLVD~~
~~PORT CHARLOTTE FL 33948~~

Name

Street Address (P.O. Box Number is Not Acceptable)
2010 Matecumbe Key Rd.

City

Punta Gorda

FL

Zip Code
33955

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

Thomas K. Gallagher (Thomas K. Gallagher)

03-28-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P THOMAS K. GALLAGHER
STREET ADDRESS	2010 Matecumbe Key Rd.
CITY-ST-ZIP	Punta Gorda, FL 33955-4639
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S Carolyn J. Gallagher
STREET ADDRESS	2010 Matecumbe Key Rd.
CITY-ST-ZIP	Punta Gorda, FL 33955-4639
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Carolyn J. Gallagher (Carolyn J. Gallagher)

03-28-00

(941) 585-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/93)