

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021820

1. Entity Name

THE GILLAM CORPORATION

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90060 022 \*\*\*150.00

Principal Place of Business

Mailing Address

4134 GULF OF MEXICO DRIVE  
SUITE 302  
LONGBOAT KEY FL 34228

4134 GULF OF MEXICO DRIVE  
SUITE 302  
LONGBOAT KEY FL 34228-2614

2. Principal Place of Business

171 Merritt Square Mall  
Suite, Apt. #, etc.

3. Mailing Address

1880 Longiron Drive  
Suite, Apt. #, etc.  
Apt 1323

City & State  
Merritt Island FL

City & State  
Viera FL

4. FEI Number  
59-3566851

Applied For  
Not Applicable

Zip  
32952

Country  
USA

Zip  
32955

Country  
USA

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

GILLAM, PATRICIA E  
4134 GULF OF MEXICO DRIVE  
SUITE 302  
LONGBOAT KEY FL 34228

Name  
Patricia Gillam  
Street Address (P.O. Box Number is Not Acceptable)  
1880 Longiron Drive Apt 1323  
City  
Viera FL Zip Code  
32955

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)

12 APRIL 00 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GILLAM, PATRICIA E  
4134 GULF OF MEXICO DRIVE, SUITE 302  
LONGBOAT KEY FL 34228 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GILLAM PATRICIA E  
1880 LONGIRON DR Apt 1323  
VIERA FL 32955 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

12 APRIL 00 Date

Daytime Phone # 321-452-8180

CR2E034 (9/99)