2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900026544 1. Entity Name RICHARD K: GALIONE & ASSOCIATES, INC.					FILED May 17, 2000 8:00 an Secretary of State		
Principal Place of	E ROAD	Mailing Address 10105 W. SAMPLE ROAD	3003		03-08-200	0 90061 021 ***1	58.75
CORAL SPRINGS		CORAL SPRINGS FL 330654			((1) 1 00 (10 18 1 00) 1 70 (100)	
2. Principal Place 1030 Suite, Apt. #.	VW 28TH STREET	3. Mailing Address Suite, Apt. #, etc.	P.O. BOX 9860		DO NOT WRITE IN THIS SPACE		
CORAL	L SPRINGS, FL Country	CORAL SAR	INSS, FL		65-092051		lied For Applicable tional
330	65 BROWARD USA	330/5	USA		ertificate of Status Desired ame and Address of New Re	Fee Required	
	6. Name and Address of Current R	egistered Agent	Name	^	0- 1/ (01/	MAIZ	
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132				eet Address (P.O. Box Number is Not Acceptable) 1030 NW STREET			
			CityCo	RAL	SPRINGS	FL Z	265
SIGNATURE _	named entity submits this statement for	the purpose of changing its	registered diffice of	registered agr	en, or both, in the state of this		
SIGNATURE	Signature, typed or printed name of registered agent at	nd little if applicable. (NOT	E: Registered Agent signatu	re required when re	instating)	DATE	
(9:!This corporation is eligible to satisfy its Intangible :: Tax filling requirement and elects to do so. (See criteria on back) See Criteria on back				50.00	10. Election Campaign Fina Trust Fund Contribution		O May Be to Fees
11.	OFFICERS AND I		12.		DITIONS/CHANGES TO OFFI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALIONE; RICHARD K (1) 10105 W. SAMPLE ROAD CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICHA	ESIDENT, TREAS RD K, GALLIONI NW Z844 ST. L SPRINGS, FL	E^	Addition of
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CIFY-ST-ZIP	D, VK	CE PRESIDENT DANA GALLION DAW ZETA S DAL SPRINGS	thange	Addition 5
NAME STREET ADDRESS CITY-ST-ZIP	and the second s		NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	Addition -
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET AODRESS 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 indicated of the conchanged	certify that the information supplied with don this report or supplemental report in proration or the receiver at 10 step empty, or on an attachment with an appress.	h this filing does not qualify strue and accurate and that owered to execute that cap with all others like amount of the control of the contr	it my signature shall has required by Ch	nave the same apter 607, Flo	n 119.07(3)(i), Florida Statutes, e legal effect as if made under trida Statutes; and that my name IRMAN, CEO	I further certify that the oath; that I am an office the appears in Block 11 (or Block 12 if