

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 13, 2001 8:00 am
Secretary of State

02-28-2001 90001 047 ***150.00

DOCUMENT # P99000077409

1. Entity Name

GOURLAY FINANCIAL, INC.

Principal Place of Business
13582 E. STATE ROAD 40 #159
SILVER SPRINGS FL 34488

Mailing Address
13582 E. STATE ROAD 40 #159
SILVER SPRINGS FL 34488

2. Principal Place of Business
11 Lenora Drive

3. Mailing Address
11 Lenora Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hilton Head, SC

City & State
Hilton Head, SC

Zip
29926

Country
USA

Zip
29926

Country
USA

4. FEI Number **59-3598404**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOURLAY, J. ROBERT
13582 E. STATE ROAD 40 #159
SILVER SPRINGS FL 34488

7. Name and Address of New Registered Agent

Name **Gourlay, Robert J.**
Street Address (P.O. Box Number is Not Acceptable)
~~11 Lenora Drive~~ **1602 W. SLIGH AVE. STE 300**
City ~~Hilton Head, SC~~ **TAMPA FL** Zip Code ~~29926~~ **33604**

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 J. ROBERT GOURLAY
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOURLAY, J. ROBERT 13582 E. STATE ROAD 40 #159 SILVER SPRINGS FL 34488	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOURLAY, KAREN A 13582 E. STATE ROAD 40 #159 SILVER SPRINGS FL 34488	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gourlay, Robert J. 11 Lenora Drive Hilton Head, SC 29926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Gourlay, Karen A 11 Lenora Drive Hilton Head, SC 29926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)