

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082601

1. Entity Name

GALLAGHER APPRAISAL SERVICE, INC.

Principal Place of Business

Mailing Address

600 SOUTH YONGE STREET, SUITE 8A & B  
ORMOND BEACH FL 32174

600 SOUTH YONGE STREET, SUITE 8A & B  
ORMOND BEACH FL 32174-7586

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PO Box 250483

HOLLY HILL, FL

City & State

32125

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLAGHER, CONSTANCE  
600 SOUTH YONGE STREET, SUITE 8A & B  
ORMOND BEACH FL 32174

Name

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

City

FL

Zip Code

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)

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 PD ☐ Delete  
NAME GALLAGHER, CONSTANCE A  
STREET ADDRESS 600 SOUTH YONGE STREET, SUITE 8A & B  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D - MICHAEL L. GALLAGHER ☐ Change ☒ Addition  
NAME 545 S. Ridgewood Ave  
STREET ADDRESS ORMOND BEACH FL 32174  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME ANDERSON, MICHAEL  
STREET ADDRESS 2017 EPIC COURT  
CITY-ST-ZIP DELTONA FL 32738

TITLE D - BARBARA GALLAGHER ☐ Change ☒ Addition  
NAME 545 S. Ridgewood Ave  
STREET ADDRESS ORMOND BEACH, FL 32174  
CITY-ST-ZIP

TITLE STD ☒ Delete  
NAME GRADY, CYNTHIA L  
STREET ADDRESS 138 BARRINGTON AVENUE  
CITY-ST-ZIP DELAND FL 32720

TITLE D - MILTON NEWTON III ☐ Change ☒ Addition  
NAME 52 Beechwood Ave  
STREET ADDRESS ORMOND BEACH, FL 32176  
CITY-ST-ZIP

TITLE STD ☐ Delete  
NAME COLLEEN M NEWTON  
STREET ADDRESS 52 Beechwood Ave  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE D - MELISA COLLINS ☐ Change ☒ Addition  
NAME 31353 EVERGREEN DR  
STREET ADDRESS DELAND, FL 32720  
CITY-ST-ZIP

TITLE V- ☐ Delete  
NAME GEORGE V WREND  
STREET ADDRESS 625 N. HALIFAX Unit 18  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

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

TITLE D - RUTH H MURRAY ☐ Delete  
NAME 397 Blytheville Ave  
STREET ADDRESS DELTONA, FL 32725  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

FILED  
Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90012 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3596791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required