

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082601

1. Entity Name

GALLAGHER APPRAISAL SERVICE, INC.

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90040 006 \*\*\*150.00

Principal Place of Business

Mailing Address

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

P O BOX 250483  
HOLLY HILL FL 32125

1501 Ridgewood Ave, Ste 107  
Holly Hill, FL 32117

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 59-3596791

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, CONSTANCE

~~600 SOUTH YONGE STREET, SUITE 8A & B~~

~~ORMOND BEACH FL 32174~~

1501 Ridgewood Ave, Ste 107  
Holly Hill, FL 32117

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

*Constance A. Gallagher*

1/18/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GALLAGHER, CONSTANCE A  
STREET ADDRESS ~~600 SOUTH YONGE STREET, SUITE 8A & B~~ Ste 107  
CITY-ST-ZIP ~~ORMOND BEACH FL 32174~~ 1501 Ridgewood Ave  
Holly Hill, FL 32117

TITLE D  
NAME Michael L. Gallagher  
STREET ADDRESS 1610 Johnson Ln  
CITY-ST-ZIP Holly Hill, FL 32117

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

TITLE D  
NAME Milton E. Newton III  
STREET ADDRESS 52 Beechwood Ave  
CITY-ST-ZIP Ormond Beach, FL 32176

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  
NAME NEWTON, COLLEEN M  
STREET ADDRESS 52 BEECHWOOD AVE  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME MURRAY, RUTH H  
STREET ADDRESS 397 BLYTHEVILLE AVE  
CITY-ST-ZIP DELTONA FL 32725

TITLE  
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:

*Constance A. Gallagher, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2001

Date

904-615-8814

Daytime Phone #

CR2E034 (10/00)