

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S82835

1. Entity Name

G.L.M. LAND DEVELOPMENT COMPANY

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90061 045 ***158.75

Principal Place of Business
% MARKEL & ASSOCIATES
9700 - 9TH ST. NORTH, SUITE 400
ST. PETERSBURG FL 33702

Mailing Address
% MARKEL & ASSOCIATES
9700 - 9TH ST. NORTH, SUITE 400
ST. PETERSBURG FL 33762-2307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1901 Ulmerton Rd.
Suite, Apt. #, etc.
Suite 700
City & State
Clearwater, FL
Zip
33762
Country
USA

3. Mailing Address
1901 Ulmerton Rd.
Suite, Apt. #, etc.
Suite 700
City & State
Clearwater, FL
Zip
33762
Country
USA

4. FEI Number 59-3084295
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RIDLEY, FRED S.
201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARKEL, GARY L.	
STREET ADDRESS	97009TH ST N STE 400	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKEL, ANTHONY F.	
STREET ADDRESS	97009TH ST N STE 400	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERTOZZI, A.G.	
STREET ADDRESS	97009TH ST N STE 400	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	THOMPSON, S. D	
STREET ADDRESS	97009TH ST N STE 400	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Markel, Gary L.	
STREET ADDRESS	1901 Ulmerton Rd., Ste. 700	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	markel, Anthony F.	
STREET ADDRESS	1901 Ulmerton Rd., Ste. 700	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bertozzi, A.G.	
STREET ADDRESS	1901 Ulmerton Rd., Ste. 700	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, S.D.	
STREET ADDRESS	1901 Ulmerton Rd., Ste. 700	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00
Date

737-540-9100
Daytime Phone #