

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90431 006 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **582835**

1. Entity Name

G.L.M. LAND DEVELOPMENT CO.**670845****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1901 ULMERTON RD.

3. Mailing Address

Suite, Apt. #, etc.

STE. 700

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER, FL

City & State

4. FFI Number

593084295

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
RIPLEY, FRED

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

201 FRANKLIN ST.**STE. 2100**City
TAMPA

FL

Zip Code

33602

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 of person or persons authorized to execute report and file it applicable)

(NOTE: Registered Agent signature required when changing location)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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
NAME	MARKEL, GARY L.
STREET ADDRESS	1901-ULMERTON RD. STE. 700
CITY-STATE-ZIP	CLEARWATER, FL 33762
TITLE	D
NAME	MARKEL, ANTHONY
STREET ADDRESS	1901 ULMERTON RD. STE. 700
CITY-STATE-ZIP	CLEARWATER, FL 33762
TITLE	D
NAME	BERTOZZI, A.G.
STREET ADDRESS	1901 ULMERTON RD. STE. 700
CITY-STATE-ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number

CR2E034B (12/01)