

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**  
 05-17-2001 91010 001 \*\*\*300.00

0960326

**DOCUMENT # S93876**

1. Entity Name

**GLASGOW GROUP, INC.**

Principal Place of Business

"ROSE & CROWN ENGLISH PUB"  
 11002 SEMINOLE BLVD  
 SEMINOLE FL 34648-3229  
 US

Mailing Address

C/O GULF TAX INC.  
 6860 GULFPORT BLVD., SUITE 900  
 ST. PETERSBURG FL 33707  
 US

2. Principal Place of Business

12850 WALSHINGHAM RD

3. Mailing Address

2817 WEST END AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAGO FL

City & State

NASHVILLE TN

Zip

33774

Country

Zip

37203

Country

4. FEI Number **59-3108021**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

NEVADA HOLDINGS INC - BRIAN LIGHT  
 6860 GULFPORT BLVD.  
 SUITE 900  
 S PASADENA FL 33707-2108

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, 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 **DP** ☐ Delete  
 NAME **ANDERSON, DAVID C.**  
 STREET ADDRESS **C/O 6860 GULFPORT BLVD., SUITE #900**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **DVP** ☐ Delete  
 NAME **ANDERSON, LORI D.**  
 STREET ADDRESS **C/O 6860 GULFPORT BLVD., SUITE #900**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **S** ☐ Delete  
 NAME **LIGHT, BRIAN J.**  
 STREET ADDRESS **C/O 6860 GULFPORT BLVD., SUITE #900**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **T** ☐ Delete  
 NAME **ANDERSON, DAVID C.**  
 STREET ADDRESS **C/O 6860 GULFPORT BLVD., SUITE #900**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 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:

**Brian Light**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

615 860 0225

Daytime Phone #

CR2E034 (10/00)