## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # V14817** Apr 18, 2000 8:00 am 1. Entity Name Secretary of State THE GALLUP GROUP, INC. 04-18-2000 90062 003 \*\*\*158.75 Principal Place of Business Mailing Address 1791 EARHART COURT 1791 EARHART COURT DAYTONA BEACH FL 32124-6741 DAYTONA BEACH FL 3. Mailing Address AU 3145 ROYAC BIRKDALE WAY 2. Principal Place of Business 3145 ROUAL BIRKDALE WAS DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State AYTONA BEACH 59-3123285 DAUTONA Not Applicable \$8.75 Additional 5. Certificate of Status Desired VOLUSIA Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HREDERICKS. GALLUP, FREDERICK S., III Street Address (P.O. Box Number is Not Acceptable) 1791 EARHART COURT DAYTONA BEACH FL 32124 S ROYAL BIRKDALE changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of FREDERUKS. GALLUD SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PCD ☐ Delete TITLE TITLE GALLUP, FREDERICK S., III 3145 ROYAL BIRDACE WAY DAYTONA BEACH FL 32 12 Y NAME NAME STREET ADDRESS 1791 EARHART COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL ٧D ☐ Delete TIT! F GALLUP, JILL S NAME NAME STREET ADDRESS 1791 EARHART COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.