## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # V17974**

THE GILHULY COMPANY, INC.

Principal Place of Business

Mailing Address

414 ALHAMBRA CIRCLE CORAL GABLES EL 33134

414 ALHAMBRA CIRCLE CORAL GABLES FL 33134-4902

CONAL GABLES 13	. 33134	COUNTY OF THE COUNTY TOUR				
2. Principal Place	e of Business	3. Mailing Addre	ss			
Suite, Apt. #, 6	etc.	Suite, Apt. #, e	uite, Apt. #, etc.			
City & State		City & State	·····			
Zíp	Country	Zip	Country			
	6. Name and Address of Ci	urrent Registered Agent				

**FILED** May 02, 2000 8:00 am Secretary of State

05-02-2000 90110 023 \*\*\*150.00



Suite, Apt. #, etc.  City & State		3. Mailing Address  Suite, Apt. #, etc.  City & State			DO NOT WRITE IN THIS SPACE				
				4. /	FEI Number 65-0319658		olied For Applicable		
Zip Country Zip			Zip	Country		5. (		<b>75</b> Additional Required	
	6. Name	and Address of Current F	legistered Agent	٠		7, 1	Name and Address of New Registered Age	nt	
414	IULY, KATH ALHAMBRA AL GABLES				Name Street Addre	ess (P.O. B	ox Number is Not Acceptable)		
·	<u>-</u>	· · · · · · · · · · · · · · · · · · ·			City		FL	Zip Code	
Tax filing r	oration is elig	or printed name of registered agent a lible to satisfy its Intangible and elects to do so.	<del></del>	!!! FEE 000 Fee		.00	10. Election Campaign Financing Trust Fund Contribution.		<b>0</b> May Be to Fees
11,		OFFICERS AND I		12.			L DDITIONS/CHANGES TO OFFICERS AND DI	RECTORS	IN 11
TITLE	P	OT TOCHO AND I	Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS : CITY-ST-ZIP	GILHULY, 414 ALH/	K A AMBRA CIR ABLES FL	L Delete	NAM STRE				, Grangs	
IITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1	-		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*** -	-	☐ Delete					Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ļ		☐ Delete					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete			-		Change	Addition

13. Thereby 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: