

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V70041

1. Entity Name

KATHLEEN A. GLANCY, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90056 022 ***150.00

Principal Place of Business

Mailing Address

1107 SW MARTIN DOWNS BLVD
 PALM CITY FL 33990
 US

PO BOX 698
 PALM CITY FL 34990-2858

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0434080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLANCY, RAYMOND L
 2251 RIVERSIDE DR
 PALM CITY FL 34990

Name

Raymond L. Glancy

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

580 Judson River CT

City

STUART

FL

Zip Code

34994

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

R L Glancy

U.P. RAYMOND L. GLANCY 4-23-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS GLANCY, RAYMOND L 1107 S. MARTIN DOWN BLVD PALM CITY FL 34990 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GLANCY, KATHLEEN 1105 S MARTIN DOWN BLVD PALM CITY FL | <input type="checkbox"/> Delete |
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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:

R L Glancy

RAYMOND L. GLANCY

Date

Daytime Phone #

561-283-
 7778

CR2E034 (9/99)