## 2000 UNIFORM BUSINESS REPORT (UBK) FILED **DOCUMENT # 707324** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name 5400 GULF DRIVE INC A CONDOMINIUM 04-20-2000 90084 043 \*\*\*\*61.25 Principal Place of Business Mailing Address 5400 GULF DRIVE 5400 GULF DRIVE HOLMES BCH FL 34217 HOLMES BCH FL 34217-1774 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1159398 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

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 Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. FEE IS \$61,25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change Recording Secretary TITLE ☐ Delete TITLE ☐ Addition NAME LINDSAY, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 5400 GULF DRIVE #35 CITY-ST-ZIP CITY-ST-ZIP HOLMES BEACH FL ☐ Change **Addition** TITLE TITLE NAME WILLIAM, STEACY NAME STREET ADDRESS 5400, GULD DR #16 \_ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLMES BEACH FL ☐ Addition Change TITLE TD ☐ Delete TITLE NAME CADOGAN, MARY NAME STREET ADDRESS STREET ADDRESS 5400 GULF DR, #18 CITY-ST-ZIP CITY-ST-ZIP HOLMES BEACH FL VD Change ☐ Addition ☐ Delete TITLE TITLE NAME BECKETT, ETTA NAME STREET ADDRESS STREET ADDRESS 435 MILLS RD CITY-ST-ZIP CITY-ST-ZIP SALINE MI 48176 TITLE Change ☐ Addition ☐ Delete TITLE NAME SPAULDING, LAURA NAME STREET ADDRESS STREET ADDRESS 5400 GULF DR #7 CITY-ST-ZIP CITY-ST-ZIP HOLMES BEACH FL Many Banewea 5400 Gulf Da # 23 **Addition** ☐ Change TITLE TITLE Delete NAME NAME WEINGART, RICHARD STREET ADDRESS STREET ADDRESS 5400 GULF DR. #13 Holmes Boach CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP HOLMES BEACH FL 34217

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

STERCY, WILLIAM 5400 GULF DR, #16 HOLMES BEACH FL 34217

4/13/00 778-6213

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