

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707324

1. Entity Name

5400 GULF DRIVE INC A CONDOMINIUM

Principal Place of Business

5400 GULF DRIVE
HOLMES BCH FL 34217
US

Mailing Address

5400 GULF DRIVE
HOLMES BCH FL 34217
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1159398

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YOUNG, DAVID
5400 GULF DR, #15
HOLMES BEACH FL 34217

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE SD
NAME LINDSAY, ELIZABETH
STREET ADDRESS 5400 GULF DRIVE #35
CITY-ST-ZIP HOLMES BEACH FL ☐ Delete

TITLE PD
NAME YOUNG, DAVID
STREET ADDRESS 5400 GULF DR #15
CITY-ST-ZIP HOLMES BEACH FL ☐ Delete

TITLE TD
NAME CADOGAN, MARY
STREET ADDRESS 5400 GULF DR, #18
CITY-ST-ZIP HOLMES BEACH FL ☐ Delete

TITLE D
NAME BECKETT, ETTA
STREET ADDRESS 435 MILLS RD
CITY-ST-ZIP SALINE MI 48176 ☐ Delete

TITLE D
NAME WOHLFAHRT, FRED
STREET ADDRESS 8024 ST ANDREWS VILLAGE DR
CITY-ST-ZIP LOUISVILLE KY 40241 ☐ Delete

TITLE D
NAME BRUEWER, MARY
STREET ADDRESS 5400 GULF DR #23
CITY-ST-ZIP HOLMES BEACH FL 34217 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE WPD
NAME William Steacy
STREET ADDRESS 5400 Gulf Dr #16
CITY-ST-ZIP Holmes Beach FL ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Mary F. Cadogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-02

941-778-6213

Date

Daytime Phone #

CR2E037 (9/01)

0085666

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90060 030 ****61.25



DO NOT WRITE IN THIS SPACE