

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90124 050 ****61.25

DOCUMENT # 722619

1. Entity Name

FIFTY GULFSIDE CONDOMINIUM, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

50 GULF BLVD.
 INDIAN ROCKS BCH FL 33785
 US

50 GULF BLVD.
 INDIAN ROCKS BCH FL 33785-2532
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1577833

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WALDOCK, LOUIS
50 GULF BLVD
APT #112
INDIAN ROCKS BEACH FL 33785

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALDOCK, LOUIS	
STREET ADDRESS	50 GULF BLVD, APT 112	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLEISCHER, LOUIS	
STREET ADDRESS	2522 CRAVEY DR.	
CITY-ST-ZIP	ATLANTA GA 30345	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FISCUS, RONALD	
STREET ADDRESS	3565 PORT COVE UNIT 70	
CITY-ST-ZIP	WATERFORD MI 48328	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WELLS, GINA	
STREET ADDRESS	1307 ESTATEWOOD DR.	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSSITER, JOSEPH	
STREET ADDRESS	50 GULF BLVD. APT 113	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Louis Waldo* WALDOCK, LOUIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/28/00*

Daytime Phone #: *727-595619*

CR2E037 (9/99)