

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90276 029 *****61.25

DOCUMENT # 732893

1. Entity Name

THE GULF SUNCOAST BONS VIVANTS, INC.



Principal Place of Business

**4300 CENTRAL AVE.
ST PETERSBURG FL 33711**

Mailing Address

**4300 CENTRAL AVE.
ST PETERSBURG FL 33711**

11013822



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3092406**

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

**DUGGAR, ROLFE D.
ATTORNEY AT LAW
4300 CENTRAL AVE.
ST. PETERSBURG FL 33711**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENWOOD, VIRGINIA 4116 APPLE BLOSSOM ROAD LUTZ FL 33558	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIME, BEVERLY 1757 CASTLEBROOK ROAD TAMPA FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERNSTEIN, CAROLYN 6507 LA MESA CIRCLE TAMPA FL 33634	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIZZO, CAROL ANN 9823 85TH STREET N LARGO FL 33777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LORRAINE DAVIS 4814 MENDENHALL DRIVE TAMPA FL 33603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SAME	
VPD POLLY NAYLOR 1748 CASTLE ROCK ROAD TAMPA FL 33612-7673	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: **LORRAINE DAVIS** **1/28/03** **727-398-1944**

CR2E037 (10/02)