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

## DOCUMENT # 737293

1. Entity Nan	CLUB OF GULF BREEZE,	FLORIDA, INC.			05	5-02-2003 90	391 048 ****61	25	
Principal Place of Business Maili		Mailing Address	ailing Address				16.16.13		
P.O. BOX 687 GULF BREEZE FL 32562		P.O. BOX 687 GULF BREEZE FL 325	P.O. BOX 687 GULF BREEZE FL 32562			OATETETT			
2. Principal f	Place of Business	3. Mailing Address		<u></u>					
							.,	1611 B B 1 1891	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 23-7008079 Applied For Not Applicable				
Zip	Country	Zip	Counti	ry	5, Certificate of Sta	atus Desired	□ \$8.75 A		
	6. Name and Address of Curre	ent Registered Agent			7. Name and Addr	ess of New Reg			
		Ži.		Name ///	liam H	· lav	i/		
HARRIS, NAT				Street Address (P.O. Box Number is Not Acceptable)					
1120 WILDWOOD CIRCLE GULF BREEZE FL 32561				2223	INVER	ness 1	Dr		
				City Pone	sacola	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FL Zip	2503	
8. The above	e named entity submits this statemen	t for the purpose of changing				he State of Florid		n, and accept	
the obligat	tions of registered agent.			Mille		L1	1/21	//	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Registered A	gent signature required	when reinstating)	ano	#/ 30/0 DATE	03	
		9. Election	(NOTE: Registered Agent Campaign Final Contribution	anding	when reinstating)  \$5.00 May Be Added to Fees		DATE  Check Payable Department of		
	Signature, typed or printed name of registered as  FILE NOW: FEE IS \$61.25  OFFICERS AND	9. Election Trust Fu	n Campaign Fina	ancing	\$5.00 May Be Added to Fees	Florida	Check Payable Department of	State	
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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 another 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 rustee 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 fifth all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

1140 WILDWOOD CIRCLE

GULF BREEZE FL 32563

**FILED** 

May 02, 2003 8:00 am § Secretary of State