

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90048 004 ****61.25

DOCUMENT # 747195

1. Entity Name

GULF VIEW ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**104 GULF DR. S.
 #205
 BRADENTON BEACH FL 34217**

**55000 MARINA DR
 SUITE 1
 HOLMES BEACH FL 34217
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1982515

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUCHAN, ROBERT
 104 GULF DRIVE SOUTH, #205
 BRADENTON BEACH FL 34217**

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	BARLA, JAMES	
STREET ADDRESS	9604 CORTEZ RD., SUITE 336	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BUCHAN, ROBERT	
STREET ADDRESS	104 GULF DR. S. #205	
CITY-ST-ZIP	BRADENTON BCH. FL 34217	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COYLE, JOHN	
STREET ADDRESS	104 GULF DR. #103	
CITY-ST-ZIP	BRADENTON BEACH FL 34217	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMALL, NORMAN	
STREET ADDRESS	20 CASARENA	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

R. Buchanan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

Date

941/778-

Daytime Phone #

CR2E037 (10/00)