2001 UNIFORM BUSINESS REPORT (UBR)

Feb 09, 2001 8:00 am DOCUMENT # 755050 **Secretary of State** 1. Entity Name 02-09-2001 90765 014 ****61.25 THE GULF COAST SHELL CLUB, INC. Principal Place of Business Mailing Address % ROBERT C GRANDA % ROBERT C GRANDA 714588 925 ROSEMONT DRIVE 925 ROSEMONT DRIVE PANAMA CITY FL 32405 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State . Applied For 4. FEI Number 59-2103283 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GRANDA, ROBERT C 925 ROSEMONT DRIVE PANAMA CITY FL 32405 City 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:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE TITLE ☐ Delete ☐ Change ☐ Addition CR2E037 (10/00 GRANDA, ROBERT C NAME NAME STREET ADDRESS 925 ROSEMONT DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 TITLE ☐ Delete TITLE Change ☐ Addition GWEN, LAURENCE NAME NAME STREET ADDRESS STREET ADDRESS 31-WEST-BALDWIN RD-CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Addition TITLE **Z**Delete TITI F Change NAME BARRY, STEVE NAME Jim Brunner STREET ADDRESS 8925 CROOK HOLLOW RD STREET ADDRESS 7102 Deaurre coe chea CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32404 South Port TITLE Delete TITLE ☐ Addition Linda Brunner NAME BARRY, TAMMIE C NAME Deaurrecoechea STREET ADDRESS 8925 CRROK HOLLOW RD STREET ADDRESS CITY-ST-ZIP PC FL 32404 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7iP CITY-ST-7/P Change ☐ Addition TITLE ☐ Delete TITLE

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 eath; 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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

02-02-01

FILED