

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756601

1. Entity Name

GULF POINTE INTERVALS, INC.

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90157 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

9429 GULFSHORE DRIVE  
NAPLES FL 33963

9429 GULFSHORE DRIVE  
NAPLES FL 34108-2011

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

59-2074048

Applied For

Not Applicable

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

RONDEAU, BEVERLY A.  
1754 41ST TERR SW  
NAPLES FL 34116

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

*Beverly A. Rondeau*  
Signature, typed or printed name of registered agent and title if applicable.

*Beverly A. Rondeau*  
(NOTE: Registered Agent signature required when reinstating)

*2-4-2000*  
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 ☐ Delete  
NAME LANCASTER, FRED  
STREET ADDRESS 1127 SE 31ST STREET  
CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME CARBONE, IRENE  
STREET ADDRESS 13 MARION  
CITY-ST-ZIP GREENVALE NY

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DENOON-ANDERSON, DONNA  
STREET ADDRESS 3152 DOT DR  
CITY-ST-ZIP CINCINNATI OH 44286

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME PIPER, HUGH  
STREET ADDRESS 12 LINCOLN AVE. N.  
CITY-ST-ZIP LEHIGH ACRES FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME HARROLD, ROBERT  
STREET ADDRESS 3 GRAY AVE.  
CITY-ST-ZIP HAMPATON N.

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Fred Lancaster* 2-4-2000  
*Fred Lancaster* Treasurer (941) 597-3002