

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766911

1. Entity Name

GULL AIRE VILLAGE ASSOCIATION, INC.

Principal Place of Business

151 B GULL AIRE BLVD
OLDSMAR FL 34677

Mailing Address

610 COBIA WAY
OLDSMAR FL 34677-2439
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

59-2252029

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

BUCKNER, WILLIAM, L
3058 TALL PINE DR
SAFETY HARBOR FL 34695

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 ☐ Delete
NAME BUCKNER, WILLIAM
STREET ADDRESS 3038 TALL PINE DRIVE
CITY-ST-ZIP SAFETY HARBOR FL

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

TITLE VD ☒ Delete
NAME SCHWARTZ, JAMES
STREET ADDRESS 1705 INDIAN ROCKS ROAD
CITY-ST-ZIP BELLEAIR FL

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

TITLE SD ☐ Delete
NAME QUEEN, GARY
STREET ADDRESS 2755 QUAIL HOLLOW
CITY-ST-ZIP CLEARWATER FL

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

TITLE D ☒ Delete
NAME KOEHRING, RUSS
STREET ADDRESS 21 GULL RD
CITY-ST-ZIP OLDSMAR FL 34677

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

TITLE D ☐ Delete
NAME GARDNER, FRANCIS
STREET ADDRESS 309 SHOOK CT
CITY-ST-ZIP OLDSMAR FL 34677

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS ☒ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

Daytime Phone #

CR2E037 (9/99)