## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 16, 2001 8:00 am DOCUMENT # 766911 Secretary of State 1. Entity Name 03-16-2001 90017 042 \*\*\*150.00 GULL AIRE VILLAGE ASSOCIATION, INC. Principal Place of Business Mailing Address 151 B GULL AIRE BLVD 610 COBIA WAY OLDSMAR FL 34677 OLDSMAR FL 34677 2. Principal Place of Business 3. Mailing Address Suite: Apt: #; etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2252029 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 Name Street Address (P.O. Box Number is Not Acceptable) "BUCKNER, WILLIAM, L 23058 TALL PINE DR SAFETY HARBOR FL 34695 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Delete TITLE TITLE ☐ Change ☐ Addition **BUCKNER, WILLIAM** NAME NAME STREET ADDRESS 3038 TALL PINE DRIVE STREET ADDRESS SAFETY HARBOR FL CITY-ST-Z1P CITY-ST-ZIP Change ۷D TITLE Delete TITLE Addition SCHWARTZ, JAMES 1705 INDIAN BOCKS BOAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BELLEAIR#[ CITY-ST-ZIP Change SD TITLE ☐ Delete TITLE ☐ Addition QUEEN, GARY NAME NAME STREET ADDRESS 2755 QUAIL HOLLOW STREET ADDRESS CITY-ST-ZIP CLEARWATER FL CITY-ST-7IP Addition TITLE~ Delete TITLE KOEHRING, RUSS NAME STREET ADDRESS 21 GULL RD STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-7IP □ Delete ☐ Addition GARDNER, FRANCIS NAME NAME STREET ADDRESS 309 SHOOK CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLDSMAR FL 34677 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attach

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