

2000 UNIFORM BUSINESS REPORT (UBR)

009601 AF

DOCUMENT # **A28352**

1. Entity Name
GULF MYERS S.C. COMPANY, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 20 PM 6:21

Principal Place of Business: 1733 W. FLETCHER AVE. TAMPA FL 33612
Mailing Address: 1733 W. FLETCHER AVE. TAMPA FL 33612-1820



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-1846841** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CLIFFORD L. WALTERS
802 11TH STREET WEST
BRADENTON FL 34205**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,300,000.00**
10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P94000077792
NAME	GULF MYERS CORPORATE, INC.
STREET ADDRESS	1733 W. FLETCHER AVE.
CITY - ST - ZIP	TAMPA FL 33612
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	100003189081--6
CITY - ST - ZIP	-03/29/00--01075--017 *****526.25 *****526.25
STREET ADDRESS	<i>BK</i>
CITY - ST - ZIP	<i>3/20</i>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** *3/13/00* *813-960-8154*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

06919/990302