

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90163 001 ***150.00

DOCUMENT # G83483
 1. Entity Name
GULF-TO-LAKES REAL ESTATE, INC.

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|--|---|
| Principal Place of Business P.O. BOX 10,000 CRYSTAL RIVER FL 34423 US | Mailing Address P.O. BOX 10,000 P.O. DRAWER 10,000 CRYSTAL RIVER FL 34423-0100 US |
|--|---|

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



DO NOT WRITE IN THIS SPACE

| | | |
|---|--|---------------------------------------|
| 4. FEI Number 59-2406367 | | Applied For |
| | | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CARMAN, JAMES, W 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL 34429 | | Name Street Address (P.O. Box Number is Not Acceptable) 2600 W BLACK DIAMOND CIRCLE City LECANTO FL Zip Code 34461 | |

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 _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P OLSEN, STANLEY C. 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1506 N MEADOWCREST BOULEVARD CRYSTAL RIVER FL 34429 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CARMAN, JAMES W 6142 W CORPORATE OAKS DR. CRYSTAL RIVER FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1506 N MEADOWCREST BOULEVARD CRYSTAL RIVER FL 34429 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SELFIDGE, MELISSA J 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1506 N MEADOWCREST BOULEVARD CRYSTAL RIVER FL 34429 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MOORE, EDWARD L JR 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V KONRADY, BONNIE S. 1506 N MEADOWCREST BOULEVARD CRYSTAL RIVER FL 34429 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS TAYLOR, MARINA 6142 W CORPORATE OAKS DR. CRSTAL RIVER FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1506 N MEADOWCREST BOULEVARD CRYSTAL RIVER FL 34429 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stanley C. Olsen* 4-28-00 (352) 795-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)