## 2000 UNIFORM BUSINESS REPORT (UBR)

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

## FILED May 16, 2000 8:00 am Secretary of State 05-16-2000 90163 001 \*\*\*150.00

Signature   Country   Zip   Country   Signature, typed or printed neme of registered agent and late if applicable.   Signature required when reinstating)   DATE	i For plicable
P.O. DRAWER 10.000 CRYSTAL RIVER FL 34423 US  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Country  Country  Country  Size Country  Size Country  5. Certificate of Status Desired  Fee Required  Fee Requi	i For plicable
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	i For plicable
City & State  City & State  City & State  City & State  Country  Country  Country  Country  S. Certificate of Status Desired  8.75 Addition Fee Required  6. Name and Address of Current Registered Agent  Name  CARMAN, JAMES, W 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL 34429  City LECANTO  FL  Zing Cyde City LECANTO  City LECANTO  FL  Zing Cyde City LECANTO  FL  Zin	olicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  CARMAN, JAMES, W 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL 34429  City LECANTO FL Zin Code  Signature, typed or printed name of registered agent and tato if applicable. (NOTE: Registered Agent signature required when reinstating)  Part Signature, typed or printed name of registered agent and tato if applicable. (NOTE: Registered Agent signature required when reinstating)  Part Signature, typed or printed name of registered agent and tato if applicable. (NOTE: Registered Agent signature required when reinstating)  Part Signature, typed or printed name of registered agent and tato if applicable. (NOTE: Registered Agent signature required when reinstating)  Part Signature, typed or printed name of registered agent and tato if applicable. (NOTE: Registered Agent signature required when reinstating)  Part Signature, typed or printed name of registered agent and tato if applicable. (NOTE: Registered Agent signature required when reinstating)  Part Signature, typed or printed name of registered agent and tato if applicable. (NOTE: Registered Agent signature required when reinstating)  Part Signature, typed or printed name of registered agent and tato if applicable. (NOTE: Registered Agent signature required when reinstating)  Part Signature, typed or printed name of registered agent and tato if applicable. (NOTE: Registered Agent signature required when reinstating)  Part Signature, typed or printed name of registered agent and tato if applicable. (NOTE: Registered Agent signature required when resistancy or the first agent and tato if applicable. (NOTE: Registered Agent signature required when resistancy or the first agent agent and tato if applicable. (NOTE: Registered Agent signature required when resistanc	olicable
Zip Country Zip Country S. Certificate of Status Desired \$8.75 Addition \$8.75 Addition \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent  CARMAN, JAMES, W 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL 34429  City LECANTO  City LECANTO  City LECANTO  City LECANTO  FL  Zin Cyde 3446  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 table if applicable.  NAME  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  Make Check Payable to Department of State  Name  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE  NAME  OLSEN, STANLEY C.  SIRECT ADDRESS  6142 W CORPORATE OAKS DR  CITY-ST-ZIP  CRYSTAL RIVER FL  34429  Change  CARMAN, JAMES W  Delete  NAME  CARMAN, JAMES W  CARMAN, JAMES W  CARMAN, JAMES W   Name  CARMAN, JAMES W  CARMAN,	
CARMAN, JAMES, W 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL 34429  City LECANTO  Lity LECANTO  City LECANTO  LATER LATER Agents signature required when reinstating)  LATER LATER Agents signature required when reinstating)  LATER LAT	<del></del>
CARMAN, JAMES, W 6142 W CORPORATE OAKS DR CRYSTAL RIVER FL 34429  City LECANTO  City LECANTO  City LECANTO  FL  Zin Code 3, 446  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 table if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAKE  SIREET ADDRESS  6142 W CORPORATE OAKS DR CRYSTAL RIVER FL  U Delete  NAME  CRYSTAL RIVER FL  V Change  CRYSTAL RIVER FL  W Change  CRYSTAL RIVER FL  AMAE  CARMAN, JAMES W  Change  CRYSTAL RIVER FL  CARMAN, JAMES W  CARMAN, JAMES W  CARMAN, JAMES W  CITY-ST-ZIP  CRYSTAL RIVER FL  CARMAN, JAMES W  CRYSTAL RIVER FL  CITY-ST-ZIP  CRYSTAL RIVER FL  CARMAN, JAMES W  CITY-ST-ZIP  CITY-ST-ZIP  CRYSTAL RIVER FL  CITY-ST-ZIP  CRYSTAL RIVER FL  CR	
6142 W CORPORATE OAKS DR CRYSTAL RIVER FL 34429  City LECANTO FL  Zin_Code 3446  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 tate if applicable.  NOTE: Registered Agent signature required when reinstating)  P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  TITLE P OLSEN, STANLEY C. SIRRET ADDRESS OITY-ST-ZIP CRYSTAL RIVER FL  SIGNATURE  TITLE NAME SIGNATURE  Signature required when reinstating)  DATE  10. Election Campaign Financing Trust Fund Contribution.  Added to Added to Signet Added to Added to Signature required when reinstating)  DATE  11. OFFICERS AND DIRECTORS IN TITLE NAME SIRRET ADDRESS OITY-ST-ZIP CRYSTAL RIVER FL  SIGNATURE  CRYSTAL RIVER FL  SIGNATURE  CRYSTAL RIVER FL  SIGNATURE  CRYSTAL RIVER FL  SIGNATURE  SIGNATURE  SIGNATURE  CRYSTAL RIVER FL  SIGNATURE	
CRYSTAL RIVER FL 34429  City LECANTO  City LECANTO  City LECANTO  FL  Zin Code 3446  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  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  DEFICERS AND DIRECTORS  11.  OFFICERS AND DIRECTORS  12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTILE  NAME  OLSEN, STANLEY C.  SIRRET ADDRESS  CITY-SIT-ZIP  CRYSTAL RIVER FL  SI Change	
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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)  Title NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  CARMAN, JAMES  P	
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Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TRUST FUND CONTRIBUTION.  TITLE  NAME  OLSEN, STANLEY C.  STREET ADDRESS  CITY-ST-ZIP  CRYSTAL RIVER FL  TITLE  V  Delete  TITLE  NAME  CARMAN, JAMES  CARMAN, JAMES  Added to  Added to	-
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11. OFFICERS AND DIRECTORS  TITLE NAME OLSEN, STANLEY C. STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL  TITLE NAME CARMAN, JAMES  CARMAN, JAMES  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME NAME  TITLE CRYSTAL RIVER FL  TITLE NAME NAME NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME  TITLE NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME  TITLE  CRYSTAL RIVER FL  TITLE NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME  CRYSTAL RIVER FL  TITLE NAME	
TITLE OLSEN, STANLEY C.  STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL  NAME  NAME  OLSEN, STANLEY C.  STREET ADDRESS CITY-ST-ZIP  CRYSTAL RIVER FL  OLSEN, STANLEY C.  STREET ADDRESS CITY-ST-ZIP  CRYSTAL RIVER FL  OLSEN, STANLEY C.  STREET ADDRESS CITY-ST-ZIP  CRYSTAL RIVER FL  STREET ADDRESS CITY-S	
NAME STREET ADDRESS CITY-ST-ZIP CRYSTAL RIVER FL  NAME NAME NAME NAME NAME NAME NAME NAM	Addition
STREET ADDRESS CITY-ST-ZIP  CRYSTAL RIVER FL  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  CARMAN, JAMES W  STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  CRYSTAL RIVER FL 34429  TITLE  NAME  NAME	Addition
TITLE V Delete TITLE CARMAN, JAMES W NAME	
NAME CARMAN, JAMES W	
	Addition
STREET ADDRESS 1506 N MEADOWCREST BOULEVARD	
STREET ADDRESS   6142 W. CORPORATE OAKS DR.   STREET ADDRESS   1506 N MEADOWCREST BOULEVARD   CITY-ST-ZIP   CRYSTAL RIVER FL 34429	
	Addition
NAME SELFRIDGE, MELISSA J NAME	
STREET ADDRESS 6142 W CORPORATE OAKS DR STREET ADDRESS 1506 N MEADOWCREST. BOULEVARD	
CITY-ST-ZIP CRYSTAL RIVER FL 34429	
THE DOLLE	Addition
STREET ADDRESS   6142 W CORPORATE OAKS DR  CITY-ST-ZIP   CRYSTAL RIVER FL   CRYSTAL RIVER FL   34429	
TITLE AS Delete TITLE Change	Addition
NAME TAYLOR, MARINA NAME	
STREET ADDRESS 6142 W. CORPORATE OAKS DR. STREET ADDRESS 1506 N MEADOWCREST BOULEVARD	
CITY-ST-ZIP CRSTAL RIVER FL 34429	
	A rd rd 191
NAME STREET ADDRESS NAME STREET ADDRESS	Addition
CITY-ST-ZIP CITY-ST-ZIP	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 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	Addition

indicated on mis report or supplemental report is true and accurate and true my signature sharmave me same legal effect as in flade trible loan, that if an artifact and that my signature sharman are possible of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

(352) 795-2505 Daytime Phone #