2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State
02-18-2003 90109 007 ***150.00

DOCUMENT # G83483

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

Principal Place of Business	Mailing Address
P.O. BOX 10.000 CRYSTAL RIVER FL 34423 US	P.O. BOX 10.000 P.O. DRAWER 10.000 CRYSTAL RIVER FL 34423 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2600 W. Black Diamond Circle	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lecanto, FL	City & State
Zip: 34461 Country: USA	Zip / Country

4. FEI Number 59-2406367 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STILLWELL, CLARK A
BANK OF INVERNESS BUILDING
320 HIGHWAY 41 SOUTH
INVERNESS FL 34450

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OLSEN, STANLEY C. 1506 N MEADOWCREST BLVD CRYSTAL RIVER FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Stanley C. Olsen 2600 W. Black Diamond Circle Lecanto, FL 34461	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SELFRIDGE, MELISSA J 1506 N MEADOWCREST BLVD CRYSTAL RIVER FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KONRADY, BONNIE S 1506 N MEADOWCREST BLVD CRYSTAL RIVER FL 34429	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Terrill A. LaGree 2600 W. Black Diamond Circle Lecanto, FL 34461	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TAYLOR, MARINA 1506 N MEADOWCREST BLVD CRYSTAL RIVER FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S Marina C. Taylor 2600 W. Black Diamond Circle Lecanto, FL 34461	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OLSEN, ELIZABETH M 1506 N. MEADOWCREST BLVD CRYSTAL RIVER FL 34429	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Elizabeth M. Olsen 2600 W. Black Diamond Circle Lecanto, FL 34461	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Kenneth R. Breland, Jr. 2600 W. Black Diamond Circle Lecanto, FL 34461	☐ Change ☒ Addition

CR2E034 (10/02)

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 607, 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 REQUIRED 2/12/03 352-746-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #