

2000 UNIFORM BUSINESS REPORT (UBR)

6/9/00-90220-005-\$150.00-\$150.00

APPROVED
AND
FILED

Ry lab 3

DOCUMENT # K84877

1. Entity Name
GULF RESORTS, INC.

00 JUL 14 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

%DAVID H. CALLEN
111 W. FORTUNE STREET
TAMPA FL 33602

%DAVID H. CALLEN
111 W. FORTUNE STREET
TAMPA FL 33602-3206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2960543

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALLEN, DAVID H.
111 W. FORTUNE STREET
TAMPA FL 33602**

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

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 filing requirement and elects to do so.
(See criteria on back)

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.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLEN, DAVID H. 111 W. FORTUNE STREET TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 empowerments.

SIGNATURE:

David H. Callen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

813-229-6686

Daytime Phone #

COPY TO REGISTER

GULF RESORTS, INC.

111 W. Fortune Street
Tampa, Florida 33602

Pg. 2 of 3

June 26, 2000

Ms. Michele Milligan
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Gulf Resorts, Inc. K84877

Dear Michele:

We are in receipt of a letter dated June 16 from the Florida Department of State requesting a \$400.00 late fee for the above referenced business.

Enclosed is a copy of the Receipt for Certified Mail post marked May 1, 2000 which shows the report was filed in a timely manner.

I appreciate your help in resolving this matter.

Sincerely,



David H. Callen
President

Enc.

Pg. 3 of 3

Gully Resorts
Z 210 545 329

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to:	<i>Derry Corp</i>
Street & Number	
Post Office, State, & ZIP Code	
Postage	\$ <i>33</i>
Certified Fee	<i>1.40</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<i>1/30</i>
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ <i>298</i>
Postmark or Date	

PS Form 3800, April 1995