

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90114 048 ****61.25

DOCUMENT # N30955

1. Entity Name

GULF HIGHLANDS I, INC.

Principal Place of Business

Mailing Address

10997 HUTCHISON BLVD
 PANAMA CITY BEACH FL 32407
 US

C/O W.M. SHEPARD CPA. PA
 201 E 4TH STREET
 PANAMA CITY FL 32401-3110
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3024723

Applied For

Not Applicable

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

HESS, GLENN L
 9108 FRONT BEACH RD.
 PANAMA CITY BEACH FL 32408

Name: **W M Shepard**
 Street Address (P.O. Box Number is Not Acceptable): **201 E 4th Street**
 City: **Panama City** FL Zip Code: **32401**

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITHSON, ROBERT	
STREET ADDRESS	10997 HUTCHISON BLVD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIETZE, MARVIN	
STREET ADDRESS	426 BINKER STREET	
CITY-ST-ZIP	BELLEVUE OH 44811	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MEADOWS, WILLIAM A	
STREET ADDRESS	10997 HUTCHISON BLVD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHEPARD, W M	
STREET ADDRESS	201 E 4TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Candice Caranton	
STREET ADDRESS	Panama City	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rogers McDonald	
STREET ADDRESS	2353 Country Lane Church Rd	
CITY-ST-ZIP	Warm Springs GA 31830	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Candice Caranton	
STREET ADDRESS	134 I Damour Circle	
CITY-ST-ZIP	Panama City Beach FL 32408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 850 747-1888

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE