2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State
01-27-2000 90116 034 ****61.25

DOCUMENT # N31105

1. Entity Name

C-GULLS OF FORT MYERS, INC.

Principal Place of Business	Mailing Address
5060 KEY LARGO DR PUNTA GORDA FL 33950 US	5060 KEY LARGO DR PUNTA GORDA FL 33950-8554 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14840 Crystal Cove Ct #503	14840 Crystal Cove Ct #503
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Fort Myers, FL	Fort Myers, FL
City & State	City & State
Zip 33919 / Country US	Zip 33919 / Country US

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALBURT, JEAN
5060 KEY LARGO DR
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name PAT HARRINGTON
Street Address (P.O. Box Number is Not Acceptable) 14840 CRYSTAL COVE CT #503
City FORT MYERS FL Zip Code 33919

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 Pat Harrington PAT HARRINGTON TD 1-20-00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GALBORT, PAUL 5060 KEY LARGO DR PUNTA GORDA FL 33950	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Harrington, Paul 14840 Crystal Cove Ct #503 Fort Myers, FL 33919	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GALBURT, JEAN 5060 KEY LARGO DR PUNTA GORDA FL 33950	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Harrington, Pat 14840 Crystal Cove Ct #503 Fort Myers, FL 33919	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GALLAGHER, PAUL 3913 BURGINLAND LN CINCINNATI OH 45255	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Bennie Lane 15011 Bridgeway #103 Fort Myers, FL 33908	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LANE, BENNIE 126 WESTWOOD DR. RICHMOND KY 40475	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Robert Maki 4056 Avenida Del Tura N Fort Myers, FL 33903	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Pat Harrington (PAT HARRINGTON-T) 1/20/00 941-437-4106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #