

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43605

1. Entity Name

GIBB GULF COAST VILLAGE, INC.

Principal Place of Business

300 MABRY STREET
TALLAHASSEE FL 32304

Mailing Address

300 MABRY STREET
TALLAHASSEE FL 32304-3813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3071574

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

GRAHAM, WILLIAM M.
300 MABRY STREET
TALLAHASSEE FL 32304

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

William M. Graham

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELPER, FRED G., JR. 1690 RAYMOND DEIHL RD STE C-6 TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEED, CORNELIUS M. 1012 TANNER DR. TALLAHASSEE FL 32310	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, PATSY A. 3477 CEDAR LANE WOODS TALLAHASSEE FL 32312	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAHAM, WILLIAM M. 300 MABRY STREET TALLAHASSEE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Drew, Mitchell 215 Delta Court Tallahassee, FL 32303	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

William M. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William M. Graham

01-06-00

850-576-7145

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90029 020 ****61.25



DO NOT WRITE IN THIS SPACE