

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90239 011 \*\*\*150.00

**DOCUMENT # P95000071371**

1. Entity Name

**GULF COAST BUILDING ASSOCIATION, INC.**

*R*

Principal Place of Business

3838 TAMiami TRAIL NORTH  
 SUITE 410  
 NAPLES FL 34103  
 US

Mailing Address

~~XXXXXX PROPERTY GROUP~~  
 3255 TAMiami TRAIL N  
 NAPLES FL 34103  
 US

2. Principal Place of Business

3. Mailing Address  
 1250 Tamiami Trail North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #101

City & State

City & State  
 Naples, Florida

4. FEI Number

65-0614484

Applied For

Not Applicable

Zip

Country

Zip

Country

34102

US

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

MORRISON, DAVID M ESQ  
 MORRISON AND CONNOY PA  
 3838 TAMiami TR NO STE 402  
 NAPLES FL 34103

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE: DVP  Delete  
 NAME: MORRISON, DAVID N ESQ  
 STREET ADDRESS: 3838 TAMiami TR NO STE 402  
 CITY-ST-ZIP: NAPLES FL 34103

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: D  Delete  
 NAME: GRIFFIN, PATRICK  
 STREET ADDRESS: 4099 TAMiami TR NO  
 CITY-ST-ZIP: NAPLES FL 34103

TITLE: D  Change  Addition  
 NAME: DOROTHY BREEN  
 STREET ADDRESS: 3838 TAMiami TRAIL NO STE 315  
 CITY-ST-ZIP: NAPLES, FL 34103

TITLE: DP  Delete  
 NAME: MILLER, PATRICK  
 STREET ADDRESS: 3838 TAMiami TR NO 2ND FL  
 CITY-ST-ZIP: NAPLES FL 34103

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: DS  Delete  
 NAME: FELDEN, VICTORIA ESQ  
 STREET ADDRESS: 3838 TAMiami TRAIL NO  
 CITY-ST-ZIP: NAPLES FL 34103

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: DT  Delete  
 NAME: DAHL, KAREN  
 STREET ADDRESS: 3838 TAMiami TRAIL NO STE 408  
 CITY-ST-ZIP: NAPLES FL 34103

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

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 empowered.

SIGNATURE:

*Karen Dahl*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-00  
 Date

941-643-6433  
 Daytime Phone #

CR2E034 (5/00)

Attachment  
#P95000071371  
DUU8590



1250 North Tamiami Trail  
Suite 101  
Naples, Florida 34102  
941-261-1111  
941-261-5676 Fax

Thursday, September 07, 2000

Division of Corporations  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: FEI Number 65-0614484  
GULF COAST BUILDING ASSOCIATION, INC.  
Document # P95000071371

Dear Division of Corporations:

As the new property manager for the above referenced Corporation (Association) I am in receipt of the second notice to file the 2000 UBR form. I have never received a first notice to file therefore I am remitting \$150.00 as required by the first notice along with the completed and corrected form. I respectfully request that you waive the \$400.00 late fee as required by the second notice.

Cordially,

A handwritten signature in cursive script that reads "Bruce E. Miner".

Bruce E. Miner, CAM  
Property Manager

