

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90406 048 ***150.00

DOCUMENT # P95000071371
 1. Entity Name
GULF COAST BUILDING ASSOCIATION, INC.

Principal Place of Business 3838 TAMiami TRAIL NORTH SUITE 410 NAPLES FL 34103 US	Mailing Address 1250 TAMiami TRAIL STE 101 NAPLES FL 34102 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-0614484	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MORRISON, DAVID M ESQ
 MORRISON AND CONNOY PA
 3838 TAMiami TR NO STE 402
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name MINER, BRUCE E.
Street Address (P.O. Box Number is Not Acceptable) CAMERON REAL ESTATE SERVICES, INC.
1250 TAMiami TRAIL NORTH STE 101
City NAPLES, FL Zip Code FL 34102

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 *Bruce E. Miner* **BRUCE E. MINER /ASSOCIATION MANAGER** **4/4/02**
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, 2002 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	
TITLE D	<input type="checkbox"/> Delete
NAME BREEN, DOROTHY	
STREET ADDRESS 3838 TAMiami TRAIL NO STE 315	
CITY-ST-ZIP NAPLES FL 34103	
TITLE DP	<input type="checkbox"/> Delete
NAME MILLER, PATRICK	
STREET ADDRESS 3838 TAMiami TR NO 2ND FL	
CITY-ST-ZIP NAPLES FL 34103	
TITLE DS	<input type="checkbox"/> Delete
NAME FELDEN, VICTORIA ESQ	
STREET ADDRESS 3838 TAMiami TRAIL NO	
CITY-ST-ZIP NAPLES FL 34103	
TITLE DT	<input type="checkbox"/> Delete
NAME DAHL, KAREN	
STREET ADDRESS 3838 TAMiami TRAIL NO STE 408	
CITY-ST-ZIP NAPLES FL 34103	
TITLE DVP	<input type="checkbox"/> Delete
NAME CAUDILL, JAMES	
STREET ADDRESS 3838 TAMiami TRAIL NO STE 402	
CITY-ST-ZIP NAPLES FL 34103	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BREEN, DOROTHY	
STREET ADDRESS 3838 TAMiami TRAIL NO STE 315	
CITY-ST-ZIP NAPLES, FL 34103	
TITLE DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN LEE	
STREET ADDRESS 3838 TAMiami TRAIL NO STE 406	
CITY-ST-ZIP NAPLES, FL 34103	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GAYLE SANDERS	
STREET ADDRESS 167 4TH STREET SOUTH	
CITY-ST-ZIP NAPLES, FL 34102	
TITLE DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TIMMINS, CRAIG	
STREET ADDRESS 3838 TAMiami TRAIL NORTH STE 401	
CITY-ST-ZIP NAPLES, FL 34103	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Patrick Miller, President* **4/4/02** **239-403-5104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)