

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90076 046 ***150.00

DOCUMENT # **VD3447**
1. Entity Name
GULF SANDS BEACH RESORT, INC ✓

Principal Place of Business: **3 SEASIDE LANE #302 BELLEAIR, FL 33756**
Mailing Address: **3 SEASIDE LANE #302 BELLEAIR, FL 33756**

B0029805

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:
 Suite, Apt. #, etc.
 City & State

3. Mailing Address:
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
59-3103591 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
PEACOCK, RAY
2438 SUNSET Pt. Rd Suite B
CLEARWATER, FL 34625

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity consents and is authorized for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

9. This corporation is eligible to qualify as a corporation for tax filing requirements and elections to be a corporation (See instructions on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

NAME	DELETE
D WAKELY, FRANCES	<input type="checkbox"/>
3 SEASIDE LANE #302	
Belleair, FL 33756	
P.D. WAKELY, DAVID	<input type="checkbox"/>
3 SEASIDE LANE #302	
Belleair, FL 33756	
S.D. GOLLON, WARREN	<input type="checkbox"/>
3446 LAKEPOINT RD.	
PALM HARBOR, FL 34684	
D. MALKE, ROBERT	<input type="checkbox"/>
316 BLUFFVIEW DR	
BELLEAIR BLUFFS, FLA	
D WHITNEY, GEORGE	<input type="checkbox"/>
796 NINA DRIVE	
TIERRE VERDE, FL	
NAME	<input type="checkbox"/>
DELETE	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/>	<input type="checkbox"/>
NAME	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

13. The entity certifies that the information provided with this filing does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. I further certify that the information provided in this report is complete, 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 at the time of filing this report and 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 if an alternate name or address, with all other like empowerment.

SIGNATURE: *Darwin Wakely* **2/21/00** **727-461-0537**