

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 736699**

1. Entity Name

PROPERTY OWNERS OF GULF COVE, INC.

Principal Place of Business

**5446 STOKES STREET
PORT CHARLOTTE FL 33981**

Mailing Address

**P. O. BOX 27112
EL JOBEAN FL 33927-7112
US**

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

59-1709441

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****ANDERSON, MARILYN
5446 STOKES STREET
PORT CHARLOTTE FL 33981****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 submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Marilyn Anderson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-25-00**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	P	<input checked="" type="checkbox"/> Delete
NAME	VAN AKEN, CHET	
STREET ADDRESS	2381 RISKEN TERR.	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BIACCHI, LOUIS	
STREET ADDRESS	5929 GILLOT BLVD	
CITY-ST-ZIP	PT CHARLOTTE FL 33981	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LESLEY, PEGGY	
STREET ADDRESS	5052 DUPRELL TERR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLARK, HILDEGARD	
STREET ADDRESS	5206 HOPKINS AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981-5029	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, MARILYN	
STREET ADDRESS	5446 STOKES STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELDON, DON	
STREET ADDRESS	5099 LATHAM TERR	
CITY-ST-ZIP	PORT CHARLOTTE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, CESAR	
STREET ADDRESS	5069 CONDADO TERR	
CITY-ST-ZIP	PORT CHARLOTTE, FL.	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, HENRY	
STREET ADDRESS	5265 NOYES LANE	
CITY-ST-ZIP	PORT CHARLOTTE, FL.	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOMBARDI, LEONARD	
STREET ADDRESS	5347 FLEMING STREET	
CITY-ST-ZIP	PORT CHARLOTTE, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Hildegard R. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00**941-698-0677**