

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90047 021 \*\*\*\*61.25

**DOCUMENT # 724563**

1. Entity Name

**TOWN SHORES OF GULFPORT, NO. 209, INC.**

Principal Place of Business

Mailing Address

**3210 59TH STREET SOUTH  
 GULFPORT FL 33707**

**3210 59TH STREET SOUTH  
 GULFPORT FL 33707-5942**

**612230**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1533030**

Applied F

Not Appl

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

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

**FATA, GREGG  
 3210 59TH ST. S.  
 GULFPORT FL 33707**

Name **SAME AS #6**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TRABER, RALPH	
STREET ADDRESS	5900 SHORE BLVD	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	P	<input type="checkbox"/> Delete
NAME	LESLEY, ROBERT	
STREET ADDRESS	5900 SHORE BLVD	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	S	<input type="checkbox"/> Delete
NAME	KERWIN, ROSE	
STREET ADDRESS	5900 SHORE BLVD SOUTH	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRANK, WARREN	
STREET ADDRESS	5900 SHORE BLVD	
CITY-ST-ZIP	GULFPORT FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WICKMAN, LARRY	
STREET ADDRESS	5900 SHORE BLVD. S.	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAFTERY, RAY	
STREET ADDRESS	5900 SHORE BLVD	
CITY-ST-ZIP	GULFPORT, FL 33707	

TITLE	D	<input type="checkbox"/> Change
NAME	BLAKESLEE, NANCY	
STREET ADDRESS	5900 SHORE BLVD	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	← REST REMAINS SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change
NAME	REIGEL, FRED	
STREET ADDRESS	5900 SHORE BLVD	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	← REST REMAINS SAME	
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 11, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry Wickman* **LARRY WICKMAN**

**1/14/00** **727-345-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #