

# 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

Not Applied

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 ☒ Delete  
NAME TRABER, RALPH  
STREET ADDRESS 5900 SHORE BLVD  
CITY-ST-ZIP GULFPORT, FL 33707

TITLE D ☐ Change  
NAME BLAKESLEE, NANCY  
STREET ADDRESS 5900 SHORE BLVD  
CITY-ST-ZIP GULFPORT, FL 33707

TITLE P ☐ Delete  
NAME LESLEY, ROBERT  
STREET ADDRESS 5900 SHORE BLVD  
CITY-ST-ZIP GULFPORT, FL 33707

TITLE VP ☒ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
← REST REMAINS SAME

TITLE S ☐ Delete  
NAME KERWIN, ROSE  
STREET ADDRESS 5900 SHORE BLVD SOUTH  
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME FRANK, WARREN  
STREET ADDRESS 5900 SHORE BLVD  
CITY-ST-ZIP GULFPORT FL

TITLE D ☐ Change  
NAME REIGEL, FRED  
STREET ADDRESS 5900 SHORE BLVD  
CITY-ST-ZIP GULFPORT, FL 33707

TITLE T ☐ Delete  
NAME WICKMAN, LARRY  
STREET ADDRESS 5900 SHORE BLVD. S.  
CITY-ST-ZIP GULFPORT, FL 33707

TITLE ☐ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RAFTERY, RAY  
STREET ADDRESS 5900 SHORE BLVD  
CITY-ST-ZIP GULFPORT, FL 33707

TITLE P ☒ Change  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
← REST REMAINS SAME

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, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Larry Wickman BEOLARRYD WICKMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00 727-345-5000

Date

Daytime Phone #