

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 an
Secretary of State

02-07-2000 90047 025 ****61.25

DOCUMENT # 723164

1. Entity Name

TOWN SHORES OF GULFPORT, NO. 203, INC

Principal Place of Business

Mailing Address

3210 59TH STREET SOUTH
GULFPORT FL 33707

3210 59TH STREET SOUTH
GULFPORT FL 33707

612226

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

59-1427641

Applied

Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FATA, GREGG
% TOWN SHORES MASTER MGMT
3210 59TH STREET SOUTH
GULFPORT FL 33707

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D AMUNDSEN, MAUREEN 3114 59TH STREET SO. #406 GULFPORT FL 33707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BANKS, RAY 3114 59TH ST. S. GULFPORT FL 33707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BANKS, EMMA 3114 59TH STREET S. GULFPORT FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTY, SHANNON 710 59TH STREET S. GULFPORT FL 33707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGAN, RUTH 3114 59TH ST. S. GULFPORT FL 33707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEATTY, JAN 202 59TH STREET S. GULFPORT FL 33707	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ITTNER, T. JOAN 3114 59 ST SO #311 GULFPORT FLA 33707	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, RAY 3114 59 ST SO #308 GULFPORT FLA 33707	<input checked="" type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITCHIE, JAMES R. 3114 59 ST SO #305 GULFPORT FLA 33707	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEGELBRIER, AUGUST 3114 59 ST SO #404 GULFPORT FLA 33707	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D UNJIAN, ARDA 3114 59 ST SO #201 GULFPORT FLA 33707	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D VOGT, DONALD 3114 59 ST SO #105 GULFPORT FLA 33707	<input type="checkbox"/> Change

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

SIGNATURE: JANIS BEATTY, PRES JANIS BEATTY 1/10/00 (727)343