

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 an  
Secretary of State

02-07-2000 90047 026 \*\*\*\*61.25

DOCUMENT # 721662

1. Entity Name

TOWN SHORES OF GULFPORT NO. 206, A CONDOMINIUM

Principal Place of Business

Mailing Address

3210 59TH STREET S.  
BOX 416  
GULFPORT FL 33707

3210 59TH STREET S.  
BOX 416  
GULFPORT FL 33707-5942

012220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1727795

Applied

Not Applied

Zip

Country

Zip

Country

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  
3210 59TH ST. S  
GULFPORT FL 33707

Name

Street Address (P.O. Box Number is Not Acceptable)

SAME

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 PD  
NAME AMES, CHARLES  
STREET ADDRESS 5955 30TH AVE S  
CITY-ST-ZIP GULFPORT FL

☐ Delete

TITLE PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐

TITLE VP  
NAME GREER, JOHN  
STREET ADDRESS 5955 30TH AVE S  
CITY-ST-ZIP GULFPORT FL

☐ Delete

TITLE VP  
NAME PINEO, EARL  
STREET ADDRESS 5955 30 AVE. S  
CITY-ST-ZIP GULFPORT, FL 33707

☐ Change ☐

TITLE TD  
NAME SCHEIBLEIN, WILLARD  
STREET ADDRESS 5955 30TH AVE S  
CITY-ST-ZIP GULFPORT FL

☐ Delete

TITLE TD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐

TITLE S  
NAME KOSKE, SHIRLEY  
STREET ADDRESS 5955 - 30TH AVE., S.  
CITY-ST-ZIP GULFPORT FL

☐ Delete

TITLE S  
NAME GREER, JOHN  
STREET ADDRESS 5955 30 AVE. S.  
CITY-ST-ZIP GULFPORT, FL. 33707

☐ Change ☐

TITLE D  
NAME COVINGTON, JOHN  
STREET ADDRESS 5955 30TH AVE S  
CITY-ST-ZIP GULFPORT FL

☐ Delete

TITLE D  
NAME CLARK, JOHN  
STREET ADDRESS 5955 30 AVE. S.  
CITY-ST-ZIP GULFPORT, FL. 33707

☐ Change ☐

TITLE D  
NAME PINEO, EARL  
STREET ADDRESS 5955 30 AVE. S.  
CITY-ST-ZIP GULFPORT FL 33707

☐ Delete

TITLE D  
NAME KAVANAUGH, AMY  
STREET ADDRESS 5955 30 AVE. S.  
CITY-ST-ZIP GULFPORT, FL 33707

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

SIGNATURE:

SHEIBLEIN, WILLARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #