

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90022 008 \*\*\*\*61.25

80024693



DO NOT WRITE IN THIS SPACE

**DOCUMENT # N49302**

1. Entity Name

**GULF COAST ST. DAVID'S WELSH SOCIETY, INC.**

Principal Place of Business

Mailing Address

**6200 S. TAMiami TRAIL  
 SARASOTA FL 34231**

**6200 S. TAMiami TRAIL  
 SARASOTA FL 34231-3933**

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

**65-0336746**

Applied For

Not Applicable

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

Name

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

City

**FL**

Zip Code

**WILLIAMS, JOHN L.  
 6200 S TAMiami TR  
 SARASOTA FL 34231**

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	<input type="checkbox"/> Delete
NAME	FOUNTAIN, JAMES E	
STREET ADDRESS	736 SEARCY AVE.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, DONALD	
STREET ADDRESS	2834 CONCORD ST	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, E. M. AVANWY	
STREET ADDRESS	554 PACKWOOD AVE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GIGANTI, SUSAN D	
STREET ADDRESS	4426 CAYO GRANDE DR	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, RUSSELL	
STREET ADDRESS	1528 VERMEER DR	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MOORE, RHYS L	
STREET ADDRESS	30 TURNER ST., APT. 708	
CITY-ST-ZIP	CLEARWATER FL 34616	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanne Lewis	
STREET ADDRESS	1209 Gulf Coast Blvd.	
CITY-ST-ZIP	Venice, FL 234292	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Lewis	
STREET ADDRESS	1209 Gulf Coast Blvd.	
CITY-ST-ZIP	Venice, FL 34292	

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:

*[Handwritten Signature]*

2-2-2000 941/488-9617

CR2E037 (9/99)