

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746185

1. Entity Name

GULFSIDE VILLAS, INC.

Principal Place of Business

1377 CURTIS DR E  
STE A  
CLEARWATER FL 34624-3718  
US

Mailing Address

PO BOX 8044  
~~STE A~~  
CLEARWATER FL 33758-8044  
US

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

59-2077233

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

SAILWINDS REALTY & PROPERTY MGMT INC  
1377 CURTIS DR EAST  
CLEARWATER FL 34624

Name

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

1583 S. BELCHER RD. - #B

City

FL

Zip Code

33764

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	D	<input type="checkbox"/> Delete
NAME	HORNYAK, LESLIE C	
STREET ADDRESS	932 78TH ST NW	
CITY-ST-ZIP	BRADENTON FL 32209	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	AMOROSE, RICK	
STREET ADDRESS	1769 LAKEVIEW RD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COUGHLIN, THOMAS W	
STREET ADDRESS	1705 COTTAGE FOREST CT	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DIETIKER, PATRICIA D	
STREET ADDRESS	700 N GULF BLVD #8	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	HAROLD STREET	
CITY-ST-ZIP	300 SOUTH STREET FERN PARK, FL 32730	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Dietiker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

(727) 536-7468

Daytime Phone #

CR2E037 (9/99)

FILED  
Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90078 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE