

DOCUMENT # V03447	
1. Entity Name GULF SANDS BEACH RESORT, INC.	

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90013 035 ***150.00

Principal Place of Business 3 SEASIDE LANE #302 BELLEAR FL 33756 US	Mailing Address 3 SEASIDE LANE #302 BELLEAR FL 33756 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	

4. FEI Number 59-3103591	Applied For ☐ Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PEACOCK, RAY 655 GULFVIEW BLVD. CLEARWATER FL 34630	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAKELY, FRANCES 3 SEASIDE LANE #302 BELLEAIR FL 33756 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAKELY, DAVID N 3 SEASIDE LANE #302 CLEARWATER FL 33756 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLLON, WARREN 3446 LAKEPOINT RD PALM HARBOR FL 34684 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALKE, ROBERT 316 BLUFFVIEW DR BELLEAIR BLUFFS FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITNEY, GEORGE 796 NINA DR TIERRA VERDE FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID N WAKELY 1/04/01 727-461-0531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)