

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49302

1. Entity Name

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

Principal Place of Business

6200 S. TAMiami TRAIL  
SARASOTA FL 34231

Mailing Address

6200 S. TAMiami TRAIL  
SARASOTA FL 34231

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

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

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

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOUNTAIN, JAMES E	
STREET ADDRESS	736 SEARCY AVE.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, JEANNE	
STREET ADDRESS	1209 GULF COAST BLVD	
CITY-ST-ZIP	VENICE FL 34292	
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	PD	<input type="checkbox"/> Delete
NAME	LEWIS, ROBERT	
STREET ADDRESS	1209 GULF COAST BLVD	
CITY-ST-ZIP	VENICE FL 34292	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REES, DAVID	
STREET ADDRESS	16011 WINGBURN DR. S.	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JEANNE	
STREET ADDRESS	1209 GULF COAST BLVD	
CITY-ST-ZIP	VENICE FL 34292	
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		

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 or without other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Lewis, Pres.

Date

Daytime Phone #

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90073 047 \*\*\*\*\*61.25

624604



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)