


2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 720072**

1. Entity Name

TOWN SHORES OF GULFPORT, NO. 201, INC., A CONDOM**FILED**
Apr 12, 2001 8:00 am
Secretary of State

03-20-2001 90053 049 ****61.25

| | | | | | |
|---|------------------------|---|---|--|--|
| Principal Place of Business 3210 59TH ST S GULFPORT FL 33707 | | Mailing Address 3210 59TH ST S GULFPORT FL 33707 | |  DO NOT WRITE IN THIS SPACE | |
| 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 59-1991150 | Applied For <input type="checkbox"/> Not Applicable |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| TOWN SHORES MASTER MGMT. GREGG FATA 3210 59TH ST. S. GULFPORT FL 33707 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 checked="" type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FEEMAN, JAMES A | | NAME | Ross C. Millard | |
| STREET ADDRESS | 3010 59TH ST. S. | | STREET ADDRESS | 3010 - 59th St. S. | |
| CITY-ST-ZIP | GULFPORT FL 33707 | | CITY-ST-ZIP | Gulfport, Fl. 33707 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | (D) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ZIERES, AUDRE | | NAME | Wayne Purtee | |
| STREET ADDRESS | 3010 59TH ST, S | | STREET ADDRESS | 3010-59th St. So. | |
| CITY-ST-ZIP | GULFPORT FL | | CITY-ST-ZIP | Gulfport, Fl. 33707 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | (D) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MILLARD, ROSS | | NAME | Shirley Hayes | |
| STREET ADDRESS | 3010 59TH ST. S. | | STREET ADDRESS | 3010-59th St. So. | |
| CITY-ST-ZIP | GULFPORT FL 33707 | | CITY-ST-ZIP | Gulfport, Fl. 33707 | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | (D) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ALABISO, MARY | | NAME | Everett Tuttle | |
| STREET ADDRESS | 3010 SATH ST., S. | | STREET ADDRESS | 3010-59th St. So. | |
| CITY-ST-ZIP | GULFPORT FL | | CITY-ST-ZIP | Gulfport, Fl. 33707 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCULLION, JOHN | | NAME | | |
| STREET ADDRESS | 3010 59TH ST. S., #109 | | STREET ADDRESS | | |
| CITY-ST-ZIP | GULFPORT FL | | CITY-ST-ZIP | | |
| TITLE | DS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARBERIO, TINA | | NAME | | |
| STREET ADDRESS | 3010 59TH ST. S | | STREET ADDRESS | | |
| CITY-ST-ZIP | GULFPORT FL | | 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: ROSS C. MILLARD | | | 2/5/01 727-3345 28 01 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

CR2E037 (10/00)