

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90003 012 ****61.25

DOCUMENT # 724563

1. Entity Name

TOWN SHORES OF GULFPORT, NO. 209, INC.

Principal Place of Business

Mailing Address

**3210 59TH STREET SOUTH
 GULFPORT FL 33707**

**3210 59TH STREET SOUTH
 GULFPORT FL 33707**

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

59-1533030

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FATA, GREGG
 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

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 checked="" type="checkbox"/> Delete
NAME	BLAKESLEE, NANCY	
STREET ADDRESS	5900 SHORE BLVD	
CITY-ST-ZIP	GULF PORT FL 33707	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LESLEY, ROBERT	
STREET ADDRESS	5900 SHORE BLVD	
CITY-ST-ZIP	GULF PORT FL 33707	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KERWIN, ROSE	
STREET ADDRESS	5900 SHORE BLVD SOUTH	
CITY-ST-ZIP	GULF PORT FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	REIGEL, FRED	
STREET ADDRESS	5900 SHORE BLVD	
CITY-ST-ZIP	GULF PORT FL 33707	
TITLE	T	<input type="checkbox"/> Delete
NAME	WICKMAN, LARRY	
STREET ADDRESS	5900 SHORE BLVD. S.	
CITY-ST-ZIP	GULF PORT FL 33707	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAFTERY, RAY	
STREET ADDRESS	5900 SHORE BLVD	
CITY-ST-ZIP	GULF PORT FL 33707	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANES, ROBERT	
STREET ADDRESS	5900 SHORE BLVD SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UNTERKOEFLER, FRANCES	
STREET ADDRESS	5900 SHORE BLVD SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
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 all other like empowered.

SIGNATURE:

Larry Wickman **RAFTERY, RAY WICKMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01

Date

727-345-5020

Daytime Phone #

CR2E037 (10/00)