

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-20-2001 90174 043 ****61.25

DOCUMENT # 721184

1. Entity Name

TOWN SHORES OF GULFPORT, NO. 202, INC., A CONDOM

Principal Place of Business

Mailing Address

3210 59TH ST S
 GULFPORT FL 33707

3210 59TH ST S
 GULFPORT FL 33707

744608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2970762

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

FATA, GREGG
3210 59TH STREET SOUTH
GULFPORT FL 33707

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:
FEES 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 NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP
VPD
MUIR, BILL
3018 59TH ST. S.
GULFPORT, FL 00000

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
VPD
Kathleen Durand
3018-59th St. S.
Gulfport, FL 33707

TITLE NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP
S
MARE, SUSAN
3018 59 STREET SOUTH
GULFPORT FL 33707

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
S
Helen Adornato
3018-59th St. S
Gulfport, FL 33707

TITLE NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP
VPPD
CARLSON, BEULA
3018 59TH ST. S 402
GULFPORT, FL 00000

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
VPPD
Domenick Adornato
3018-59th St.S #311
Gulfport, FL 33707

TITLE NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP
D
BOLES, ELIAS
3018 59TH ST. S.
GULFPORT FL 33707

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
D
Robert Powers
3018-59th St. S.
Gulfport, FL 33707

TITLE NAME ☒ Delete
 STREET ADDRESS
 CITY-ST-ZIP
D
VANLANDINGHAM, AL
3018 59TH ST. S #108
GULFPORT FL

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
D
Frank DeMore
3018-59th St. S.
Gulfport, FL 33707

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP
T
WHITEHAIR, ELIZABETH
3018 59TH ST. S.
GULFPORT FL 33707

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP
DJANELL EMMANUEL
Elizabeth Whitehair
3018-59th St. S.
Gulfport, FL 33707

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Domenick Adornato (727) 347-4984
 4-4-01

CR2E037 (10/00)