

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H51462

1. Entity Name
GULF LANDINGS DEVELOPMENT CORPORATION

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90047 007 ***150.00

Principal Place of Business
4925 CROSS BAYOU BLVD.
P.O. BOX 1176
NEW PORT RICHEY FL 34656-3434

Mailing Address
4925 CROSS BAYOU BLVD.
P.O. BOX 1176
NEW PORT RICHEY FL 34656-3434

2. Principal Place of Business
5245 U.S. Hwy 19 N.
Suite, Apt. #, etc.

3. Mailing Address
5245 U.S. Hwy 19 N
Suite, Apt. #, etc.

City & State
New Port Richey, FL
Zip 34652 Country

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New Port Richey, FL
Zip 34652 Country

4. FEI Number 59-2570561

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

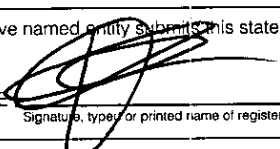
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORDA, JOSEPH
4925 CROSS BAYOU BLVD
NEW PORT RICHEY FL 34652

Name
Street Address (P.O. Box Number is Not Acceptable)
5245 U.S. Hwy. 19 N
City New Port Richey FL Zip Code 34652

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)

4-30-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BORDA, JOSEPH R. CENTRE AND CHESTNUT ST. MERCHANTVILLE NJ 08109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOUNTAIN, MARGARET E. 4925 CROSS BAYOU BLVD. NEW PORT RICHEY FL 34652	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 E. Chestnut St. Merchantville, NJ 08109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5245 U.S. Hwy. 19 N New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

727-849-2266

Daytime Phone #

CR2E034 (10/00)