

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90006 014 ****61.25

DOCUMENT # 720072

1. Entity Name

TOWN SHORES OF GULFPORT, NO. 201, INC., A CONDOMINIUM

Principal Place of Business

Mailing Address

3210 59TH ST S
 GULFPORT FL 33707

3210 59TH ST S
 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

59-1991150

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

TOWN SHORES MASTER MGMT.

~~GREGG FATA~~

3210 59TH ST. S.

GULFPORT FL 33707

Name

Gloria Nichols

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	PD	<input type="checkbox"/> Delete
NAME	MILLARD, ROSS	
STREET ADDRESS	3010 59TH ST. S.	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZIERES, AUDRE	
STREET ADDRESS	3010 59TH ST, S	
CITY-ST-ZIP	GULFPORT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PURTEE, WAYNE	
STREET ADDRESS	3010 59TH ST. S.	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALABISO, MARY	
STREET ADDRESS	3010 SATH ST., S.	
CITY-ST-ZIP	GULFPORT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAYES, SHIRLEY	
STREET ADDRESS	3010 59TH ST. S., #109	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BARBERIO, TINA	
STREET ADDRESS	3010 59TH ST. S	
CITY-ST-ZIP	GULFPORT FL	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Feeman	
STREET ADDRESS	3010 59th ST. S. #315	
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		
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:

Tina Barberio

1/9/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)