

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49302

1. Entity Name

GULF COAST ST. DAVID'S WELSH SOCIETY, INC.

Principal Place of Business

Mailing Address

6200 S. TAMiami TRAIL
SARASOTA FL 34231

6200 S. TAMiami TRAIL
SARASOTA FL 34231

2. Principal Place of Business

2833 VALLEY FORGE ST.

3. Mailing Address

2833 VALLEY FORGE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

4. FEI Number

65-0336746

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

WILLIAMS, JOHN L.

~~6200 S. TAMiami TR~~ 2833 VALLEY FORGE ST.
SARASOTA FL 34231

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

TITLE D ☐ Delete
NAME REES, DAVID
STREET ADDRESS 16011 WINBURN DR SOUTH
CITY-ST-ZIP SARASOTA FL 34240

TITLE D ☒ Delete
NAME LEWIS, JEANNE
STREET ADDRESS 1209 GULF COAST BLVD
CITY-ST-ZIP VENICE FL 34292

TITLE D ☒ Delete
NAME ADAMS, E. M. AVANWY
STREET ADDRESS 554 PACKWOOD AVE
CITY-ST-ZIP NORTH PORT FL 34287

TITLE TD ☐ Delete
NAME GIGANTI, SUSAN D
STREET ADDRESS 4426 CAYO GRANDE DR
CITY-ST-ZIP SARASOTA FL 34233

TITLE D ☒ Delete
NAME WILLIAMS, RUSSELL
STREET ADDRESS 1528 VERMEER DR
CITY-ST-ZIP NOKOMIS FL 34275

TITLE PD ☒ Delete
NAME LEWIS, ROBERT
STREET ADDRESS 1209 GULF COAST BLVD
CITY-ST-ZIP VENICE FL 34292

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P D ☒ Change ☐ Addition
NAME ADAMS, E. M. AVANWY
STREET ADDRESS 554 Packwood Ave.
CITY-ST-ZIP NORTH PORT, FL. 34287

TITLE D ☒ Change ☐ Addition
NAME LEWIS, ROBERT
STREET ADDRESS 1209 GULF COAST BLVD
CITY-ST-ZIP VENICE, FL. 34292

TITLE PD ☒ Change ☐ Addition
NAME RUSSELL WILLIAMS
STREET ADDRESS 1528 Vermeer Dr.
CITY-ST-ZIP NOKOMIS, FL. 34275

TITLE D ☐ Change ☒ Addition
NAME DONALD HUGHES
STREET ADDRESS 2834 CONCORD STREET
CITY-ST-ZIP SARASOTA, FL. 34231

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 1, 2002

Date

Daytime Phone #

0051839

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE