2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 346484

1. Entity Name

GULF HILLS HEALTH AND RECREATION INC

| | | | | | 105 | | | | | | |
|---|--|-----------------------------------|---|-------------------------------|----------------|---|--|--|---------------|------------|----------|
| Principal Place of Business HIGHWAY 30A PO BOX 1036 SANTA ROSA BEACH FL 32459 2. Principal Place of Business | | 421 B | Mailing Address 421 BOB MCCASKILL DRIVE DEFUNIAK SPRINGS FL 32433 3. Mailing Address | | | 11026703 | | | | | |
| | | I 3 Mai | | | | | | | | | |
| | | G. Wa | | | | | | | | | |
| Suite, Apt. | #, etc. | Suit | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | City | City & State | | | 4. FI | El Number 59-0918418 | er 59-0918418 Applied For Not Applicable | | | |
| Zìp | Zip Country | | | Country | | 5. C | ertificate of Status Desired | \$9.75 Additional | | | † |
| | 6. Name and Address | of Current Registere | ed Agent | | | 7. N | ame and Address of New Reg | stered / | Agent | | 1 |
| | | | | | Name | | | | | | |
| CURRIE, N | | | | | | Address (P.O. Box Number is Not Acceptable) | | | | | |
| | MCCASKILL DRIVE | | | ļ., | <u> </u> | | | | | | - |
| DEFUNIAK | SPRINGS FL 32433 | | | ļ | | | | | | | 1 |
| | | | | City | | • | | FL | Zip Cod | e | 1 |
| | | statement for the purp | ose of changing its re | egistered office or | registered | d age | nt, or both, in the State of Florid | a. Lami | amiliar with, | and accept | 1 |
| the obligat | tions of registered agent. | | | | | | | | | | |
| SIGNATURE | | | | · | | | | | | | |
| | Signature, typed or printed name of | registered agent and title if app | plicable. (NOTE: | Registered Agent signat | ire required w | nen reir | nstating) | DATE | | | 1 |
| | ILE NOW!!! FEE IS \$ | | | | | است جد | 9. Election Campaign Finan | cing | \$ 5.0 | May Re . | |
| | May 1, 2003 Fee will b Payable to Florida Dep | | State | | | | 9. Election Campaign Financing \$5.0 Trust Fund Contribution. Added | | to Fees | to Fees | |
| 10. | | ICERS AND DIRECTO | IDC | 11. | | | DITIONS/CHANGES TO OFFICE | BS AND | DIRECTOR | S IN 11 | - |
| TITLE - | ICEO | ICENS AND BINEOTO | Delete | TITLE | | AUL | SITIONS/OF IANGES TO OF HOL | , rig Aive | Change | Addition | 13 |
| | CURRIE, HOWARD F | | ☐ Delete | NAME | | | | | c.i.a.i.gs | | 13 |
| STREET ADDRESS | 201 HUGGINS ROAD | | • | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | DEFUNIAK SPRINGS F | L 32433 | | CITY-ST-ZIP | | | | | | | ر زار |
| TITLE | P | | Delete | TITLE | | | | | ☐ Change | Addition | 18 |
| NAME | CURRIE, NEAL M | 001 F | | NAME | | | | | | | 1 |
| | 421 BOB MCCASKILL DEFUNIAK SPRINGS F | | | STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| | DEFONIAR SPRINGS P | L 02100 | [] Date: | | | | <u> </u> | | Change | Addition | 1 |
| TITLE NAME | WARREN, WILMA | | Detete | TITLE NAME | | | | | ☐ cliaige | ∟ Adomon | |
| | 3450 COUNTY HWY., | C-30A | | STREET ADDRESS | | | | | | | |

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 607, 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.

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CITY-ST-ZIP

TITLE

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TITLE

NAME

|Santa Rosa Beach Fl 32459

CURRIE, PATRICK

CURRIE, HAYNES

2 K EAST WAY

DST

6811 N.W. 40TH DRIVE

GAINESVILLE FL 32606

GREENBELT MD 20770

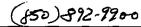


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4.28.03



Change --- 🖸 Addition

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FILED

Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90039 048 ***150.00

Daytime Phone #