

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 691152

1. Entity Name

GULF COAST REALTY INVESTORS, INC. ✓

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90086 038 ***550.00

Principal Place of Business

% HERB SWARZMAN
4214 FAIRWAY RUN
TAMPA FL 33624

Mailing Address

% HERB SWARZMAN
4214 FAIRWAY RUN
TAMPA FL 33624

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 59-2119372

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

SWARZMAN, HERB
4214 FAIRWAY RUN
TAMPA FL 33624

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME SWARZMAN, HERB
STREET ADDRESS 4214 FAIRWAY RUN
CITY-ST-ZIP TAMPA, FL 00000 ☐ Delete

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

TITLE D
NAME BLUM, SAMUEL J
STREET ADDRESS ~~19909 MEADOWWOOD COURT~~
CITY-ST-ZIP TAMPA, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS 4220 Fairway Run
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S
NAME ROYSTER, HAL
STREET ADDRESS 10033-B N. DALE MABRY
CITY-ST-ZIP TAMPA FL ☒ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 reports 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:

Herb Swarzman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-2000

Date

813-962-1930

Daytime Phone #