

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 an
Secretary of State

02-07-2000 90047 015 ****61.25

DOCUMENT # 718946

1. Entity Name

TOWN SHORES OF GULFPORT NO. 200, INC., A CONDOMI

Principal Place of Business

Mailing Address

3210 59TH ST S
GULFPORT FL 33707

3210 59TH ST S
GULFPORT FL 33707-5942

612236

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

59-1367035

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

FATA, GREGG
3210 59TH STREET SOUTH
GULFPORT, FL 33707

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HUNT, ROBERT ☒ Delete
STREET ADDRESS 5840 30TH AVE. S.
CITY-ST-ZIP GULFPORT FL

TITLE JAMES WALKER
NAME 5840 30TH AVE. S. # 304 ☐ Change ☐
STREET ADDRESS GULFPORT, FL 33707
CITY-ST-ZIP

TITLE VP
NAME DROWS, MARTHA ☒ Delete
STREET ADDRESS 5840 30TH AVENUE SOUTH #101
CITY-ST-ZIP GULFPORT FL 33707

TITLE DAVE SWEEZY
NAME 5840 30TH AVE. S. # 306 ☐ Change ☐
STREET ADDRESS GULFPORT, FL 33707
CITY-ST-ZIP

TITLE T
NAME WOLCHESKY, HELEN ☐ Delete
STREET ADDRESS 5840 30TH AVENUE S. #203
CITY-ST-ZIP GULFPORT FL 33707

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

TITLE DS
NAME DEE, DELLA ☐ Delete
STREET ADDRESS 5840 30TH AVENUE #207
CITY-ST-ZIP GULFPORT FL 33707

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Della G. Dee 1/17/00 727-343-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #