

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90147 027 ****61.25

DOCUMENT # 722619

1. Entity Name

FIFTY GULFSIDE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**50 GULF BLVD.
 INDIAN ROCKS BCH FL 33785
 US**

**50 GULF BLVD.
 INDIAN ROCKS BCH FL 33785
 US**

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

59-1577833

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

**WALDOCK, LOUIS
 50 GULF BLVD
 APT #112
 INDIAN ROCKS BEACH FL 33785**

Name

FISCUS, RONALD

Street Address (P.O. Box Number is Not Acceptable)

50 GULF BLVD UNIT 211

City

INDIAN ROCKS BEACH

FL

Zip Code

33785

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

Ronald Fiscus

RONALD FISCUS, PRESIDENT

2/7/02

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** ☒ Delete
 NAME **WALDOCK, LOUIS**
 STREET ADDRESS **50 GULF BLVD, APT 112**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **FISCUS, RONALD**
 STREET ADDRESS **50 GULF BLVD UNIT 211**
 CITY-ST-ZIP **INDIAN ROCKS BEACH, FL 33785**

TITLE **SD** ☐ Delete
 NAME **FLEISCHER, LOUIS**
 STREET ADDRESS **2522 CRAVEY DR.**
 CITY-ST-ZIP **ATLANTA GA 30345**

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

TITLE **TD** ☒ Delete
 NAME **FISCUS, RONALD**
 STREET ADDRESS **3565 PORT COVE UNIT 70**
 CITY-ST-ZIP **WATERFORD MI 48328**

TITLE **TREASURER** ☐ Change ☒ Addition
 NAME **DUNN, THOMAS**
 STREET ADDRESS **7581 CUMBERLAND RD. # 3**
 CITY-ST-ZIP **LARGO, FL 33777**

TITLE **VP** ☐ Delete
 NAME **WELLS, GINA**
 STREET ADDRESS **1307 ESTATEWOOD DR.**
 CITY-ST-ZIP **BRANDON FL 33510**

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

TITLE **D** ☐ Delete
 NAME **ROSSITER, JOSEPH**
 STREET ADDRESS **50 GULF BLVD. APT 113**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL**

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

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

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

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:

Ronald Fiscus

RONALD FISCUS

2/7/02

Date

727-595-2295

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)