

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-26-2002 90141 026 ****61.25

DOCUMENT # 725492

1. Entity Name

THE GULFVIEW APARTMENTS OF MARCO ISLAND, INC.

Principal Place of Business

Mailing Address

58 N. COLLIER BLVD.

58 N. COLLIER BLVD.

MARCO ISLAND FL

MARCO ISLAND FL

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

59-1738117

Applied For

Not Applicable

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

GREUSEL, JAMIE
1104 N COLLIER BLVD
MARCO ISLAND FL 34145

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 | P | <input type="checkbox"/> Delete |
| NAME | SAMUEL TERILLI | |
| STREET ADDRESS | 58 N. COLLIER BLVD #1011 | |
| CITY-ST-ZIP | MARCO ISLAND FL | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | LOUISE MOORE | |
| STREET ADDRESS | 58 N COLLIER BLVD #702 | |
| CITY-ST-ZIP | MARCO ISLAND FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARKS, ROBERT | |
| STREET ADDRESS | 58 N COLLIER BLVD, 2009 | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | BABRIER, GEORGE | |
| STREET ADDRESS | 102 WEDGE WOOD DRIVE | |
| CITY-ST-ZIP | CHADDS FORD PA 19317 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BROWN, T.J. | |
| STREET ADDRESS | 58 N COLLIER #201 | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | COFER, JACK | |
| STREET ADDRESS | 242 GRAPEWOOD CT | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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

Samuel Terilli

2-0702 9413946104

Date

Daytime Phone #

CR2E037 (9/01)