

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725842

1. Entity Name

GOLF VIEW CLUB OF GULF STREAM, INC.

Principal Place of Business

3883 GULFSTREAM ROAD  
GULFSTREAM FL 33483  
US

Mailing Address

P O BOX 1132  
BOYNTON BEACH FL 33425-132  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED  
May 12, 2002 8:00 am  
Secretary of State

05-12-2002 90655 049 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1450701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ERIK  
1171 NORTH OCEAN BLVD - OFFICE  
GULFSTREAM FL 33483

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMSON, ERIC	
STREET ADDRESS	3883 GULFSTREAM ROAD	
CITY-ST-ZIP	GULFSTREAM FL 33483	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	OLAND, BRUCE	
STREET ADDRESS	3883 GULFSTREAM RD	
CITY-ST-ZIP	GULFSTREAM FL 33483	
TITLE	VP	<input type="checkbox"/> Delete
NAME	UPTON, SHIRLEY	
STREET ADDRESS	3883 GULFSTREAM RD	
CITY-ST-ZIP	GULFSTREAM FL 33483	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	STONE, MARGARET	
STREET ADDRESS	3883 GULFSTREAM RD	
CITY-ST-ZIP	GULFSTREAM FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, SANDY	
STREET ADDRESS	3883 BERMUDA LANE 4N	
CITY-ST-ZIP	GULF STREAM, FL 33483	
TITLE	VP, T.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UPTON, SHIRLEY	
STREET ADDRESS	3883 GULFSTREAM RD	
CITY-ST-ZIP	GULFSTREAM, FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Eric Williamson

4/24/02

Date

Daytime Phone #

CR2E037 (9/01)