

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90004 005 ****61.25

0053290

DOCUMENT # 732893

1. Corporation Name

THE GULF SUNCOAST BONS VIVANTS, INC.

Principal Place of Business

4300 CENTRAL AVE.
ST PETERSBURG FL 33711

Mailing Address

4300 CENTRAL AVE.
ST PETERSBURG FL 33711



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/30/1975

4. FEI Number

59-3092406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DUGGAR, ROLFE D.
ATTORNEY AT LAW
4300 CENTRAL AVE.
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BROOKS, JAN
STREET ADDRESS 11452-82ND AVENUE N.
CITY-ST-ZIP SEMINOLE FL 33772

TITLE VPD ☐ DELETE

NAME O'CONNOR, EDWARD
STREET ADDRESS 224 SUN VISTA COURT
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE VP ☐ DELETE

NAME ROBBINS, EVELYN
STREET ADDRESS 8649 N HIMES AVE #819
CITY-ST-ZIP TAMPA FL

TITLE SD ☐ DELETE

NAME BEVERLY J. KIME
STREET ADDRESS 1757 CASTLE ROCK RD.
CITY-ST-ZIP TAMPA FL 33612

TITLE TD ☐ DELETE

NAME LORRAINE DAVIS
STREET ADDRESS 4814 MENDENHALL DRIVE
CITY-ST-ZIP TAMPA FL 33603

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LORRAINE DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/99 813 8752085

CR2E037 (11/98)