

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90011 037 ****61.25

DOCUMENT # 733211

1. Entity Name

5601 GULF OF MEXICO DRIVE APTS., A CONDOMINIUM.

Principal Place of Business

Mailing Address

C/O WEDEBROCK REAL ESTATE CO
 6350 GULF OF MEXICO DR.
 LONGBOAT KEY FL 34228-8513

C/O WEDEBROCK REAL ESTATE CO
 6350 GULF OF MEXICO DR.
 LONGBOAT KEY FL 34228-1513

00000017



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5601 GULF OF MEXICO

3402 50th St. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LONGBOAT KEY, FL

BRADENTON, FL

4. FEI Number

17-6141854

Applied For

Not Applicable

Zip

Country

Zip

Country

34228

U.S.

34209

US

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

**WEDEBROCK AGENCY
 6350 GULF OF MEXICO DR.
 LONGBOAT KEY FL 34228-8513**

Name **Sharon K. CATT**

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

3402 50th St. W.

City **BRADENTON FL** Zip Code **34209**

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 **Sharon K. Catt** **Sharon K. CATT, MGR/AGENT 1-29-00**
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 **D** Delete
 NAME **FRANKLIN, B W**
 STREET ADDRESS **3146 LAUREL GROVE S.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** Change Addition
 NAME **FRANKLIN, B.W.**
 STREET ADDRESS **615 48th St. W.**
 CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE **DP** Delete
 NAME **ZIMMERMAN, JEAN M.**
 STREET ADDRESS **11717 POTTER RD.**
 CITY-ST-ZIP **BELLEVUE OH**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BAUMANN, MICHAEL W**
 STREET ADDRESS **84 DAVIS BLVD., #506**
 CITY-ST-ZIP **TAMPA FL**

TITLE **D** Change Addition
 NAME **CHMIELESKI, PHILLIP**
 STREET ADDRESS **4051 Shell Rd**
 CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE **DVP** Delete
 NAME **EISCH, T.J.**
 STREET ADDRESS **5601 GULF OF MEXICO DR 5**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DST** Delete
 NAME **WOODARD, NELLIE**
 STREET ADDRESS **AMERICAN EMBASSY (STATE)**
 CITY-ST-ZIP **APO FL**

TITLE **DST** Change Addition
 NAME **WOODARD, NELLIE**
 STREET ADDRESS **4000 N. ANDREWS**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE **D** Delete
 NAME **LEGLER, KENNEDY III**
 STREET ADDRESS **120 40TH ST CT NW**
 CITY-ST-ZIP **BRADENTON FL**

TITLE Change 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: **Jean W. Zimmerman** **Jean W. Zimmerman 2-4-00 419-483-1867**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)