

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736518

1. Entity Name

TOWN OF GULF STREAM CIVIC ASSOCIATION, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90057 021 ****61.25

Principal Place of Business

2401 NORTH OCEAN BLVD.
 GULF STREAM FL 33483-7355
 US

Mailing Address

P O BOX 1496
 DELRAY BCH FL 33447-1496
 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

59-1612960

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

TOMLINSON, CINDY E
 45 S E 7TH AVENUE, APT. #6
 DELRAY BEACH FL 33483

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

Cindy E Tomlinson

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 WILLIAMS, GRANT W
 STREET ADDRESS 3145 POLO DRIVE
 CITY-ST-ZIP GULF STREAM FL 33483

TITLE PD ☐ Change ☐ Addition
 NAME WILLIAMS, W. Grant
 STREET ADDRESS 3145 Polo Drive
 CITY-ST-ZIP Gulf Stream, FL 33483

TITLE VD ☐ Delete
 NAME WHITTAKER, BARBARA
 STREET ADDRESS 1120 N. OCEAN BOULEVARD
 CITY-ST-ZIP GULF STREAM FL 33483

TITLE VD ☐ Change ☐ Addition
 NAME WHITTAKER, Barbara
 STREET ADDRESS 1120 N. Ocean Boulevard
 CITY-ST-ZIP Gulf Stream, FL 33483

TITLE SD ☐ Delete
 NAME NEEVES, CYNTHIA
 STREET ADDRESS 11 HIDDEN HARBOR DRIVE
 CITY-ST-ZIP GULF STREAM FL 33483

TITLE SD ☐ Change ☐ Addition
 NAME NEEVES, Cynthia
 STREET ADDRESS 11 Hidden Harbor Drive
 CITY-ST-ZIP Gulf Stream, FL 33483

TITLE TD ☐ Delete
 NAME COOKE, ELIZABETH D
 STREET ADDRESS 4240 N. COUNTY ROAD
 CITY-ST-ZIP GULF STREAM FL 33483

TITLE TD ☐ Change ☐ Addition
 NAME COOKE, Elizabeth D.
 STREET ADDRESS 4240 N. County Road
 CITY-ST-ZIP Gulf Stream, FL 33483

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Elizabeth D. Cooke

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)