

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90064 003 ****61.25

DOCUMENT # 738086

1. Entity Name

GULF COUNTY SENIOR CITIZENS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

120 LIBRARY DR.
 PORT ST JOE FL 32456
 US

120 LIBRARY DR.
 PORT ST JOE FL 32456-1650
 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

59-1777183

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

Name

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

City

FL

Zip Code

LYLES, BILL
ROUTE 3B, BOX 6
PORT ST. JOE FL 32456

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	LYLES, BILL	
STREET ADDRESS	RT 3B, BOX 6	
CITY-ST-ZIP	PORT ST JOE FL 32456	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUMAS, JAMES	
STREET ADDRESS	254 AVENUE B	
CITY-ST-ZIP	PORT ST JOE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANNON, BARBARA	
STREET ADDRESS	HWY 98, HC 2 BOX 6	
CITY-ST-ZIP	PORT ST. JOE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURCH, VERNA	
STREET ADDRESS	ST JOSEPH SHORE	
CITY-ST-ZIP	PORT ST JOE FL 32456	
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	<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	
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

Bill Lyles 1-29-00 850-227-1251

Date

Daytime Phone #

CR2E037 (9/99)