

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90034 043 ****61.25

DOCUMENT # 741666

1. Entity Name

GULF VIEW COLONY, INC.

Principal Place of Business

Mailing Address

2945 ESTERO BLVD #55
 FT MYERS BCH FL 33931

2945 ESTERO BLVD #55
 FT MYERS BCH FL 74352-9628

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

59-1815604

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00039100



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COREY, FRED M.
3045 ESTERO BLVD.
FT. MYERS BEACH FL 33931

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	STRAUSBAUGH, ROBERT	
STREET ADDRESS	2945 ESTER BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE	P	<input type="checkbox"/> Delete
NAME	SILVERNAIL, NORM	
STREET ADDRESS	2945 ESTERO	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE	S	<input type="checkbox"/> Delete
NAME	MANN, MARSHA	
STREET ADDRESS	2945 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BCH, FL 00000 33931	
TITLE	T	<input type="checkbox"/> Delete
NAME	FONCIL, GRACE	
STREET ADDRESS	2945 ESTER BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAHER, BEV	
STREET ADDRESS	2945 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSE, MARGE ELLEN	
STREET ADDRESS	2945 ESTERO BLVD	
CITY-ST-ZIP	FT MYERS BEACH FL 33931	

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	
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STREET ADDRESS	
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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: *Gregory S. Spaford*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00
 Date

Daytime Phone #

CR2E037 (9/99)