

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742722

1. Entity Name

GULF VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1919 N. DUNN ST
BLOOMINGTON IN 47408

Mailing Address

1919 N. DUNN ST
BLOOMINGTON IN 47408

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

59-2054119

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

RUBECK, KATHLEEN
9032 GULFSHORE DR. N.
NAPLES FL 33963

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 PD ☐ Delete
NAME RUBECK, KATHLEEN
STREET ADDRESS 1919 N. DUNN ST
CITY-ST-ZIP BLOOMINGTON IN 47408

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

TITLE STD ☐ Delete
NAME RUBECK, RONALD
STREET ADDRESS 1517 BROWNING LANE
CITY-ST-ZIP BLOOMINGTON IN 47401

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

TITLE D ☐ Delete
NAME RUBECK, BRENT
STREET ADDRESS 112 E. WOOD STREET
CITY-ST-ZIP LAFAYETTE IN 47906

TITLE ☒ Change ☐ Addition
NAME Rubeck, Brent
STREET ADDRESS 3160 Cuffers Dr.
CITY-ST-ZIP Bloomington, IN 47403

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

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:

Kathleen Rubeck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-02

812-336-1117

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE