

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90073 017 ****61.25

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

1240 E. Miller Dr.

3. Mailing Address

1240 E. Miller Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bloomington In

City & State

Bloomington, IN

Zip

Country

47401 US

Zip

Country

47401 US

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Ronald Rubeck

3/5/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **D** ☐ Delete
NAME **RUBECK, BRENT**
STREET ADDRESS **3160 CUFFERS DR.**
CITY-ST-ZIP **BLOOMINGTON IN 47403**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Ruback, Kathleen**
STREET ADDRESS **1240 E. Miller Dr**
CITY-ST-ZIP **Bloomington, IN 47401**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Ruback Ronald**
STREET ADDRESS **1240 E. Miller Dr**
CITY-ST-ZIP **Bloomington, IN 47401**

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

TITLE ☐ Change ☐ Addition
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** **Kathleen Rubeck** **3/5/03** **812-336-1117**

CR2E037 (10/02)