

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746185

1. Entity Name

GULF SIDE VILLAS, INC.

Principal Place of Business

Mailing Address

3440 EAST LAKE ROAD
SUITE 106
PALM HARBOR FL 34685
US

3440 EAST LAKE ROAD
SUITE 106
PALM HARBOR FL 34685
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

59-2077233

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

FIRST CHOICE ASSOCIATION MANAGEMENT
3440 EAST LAKE ROAD
SUITE 106
PALM HARBOR FL 34685

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

TITLE ☐ Delete

NAME HORNYAK, LESLIE C
STREET ADDRESS 932 78TH ST NW
CITY-ST-ZIP BRADENTON FL 32209

TITLE ☒ Delete

NAME VPD AMOROSE, RICK
STREET ADDRESS 1769 LAKEVIEW RD
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Delete

NAME PD COUGHLIN, THOMAS W
STREET ADDRESS 1705 COTTAGE FOREST CT
CITY-ST-ZIP BRANDON FL 33510

TITLE ☐ Delete

NAME STD DIETIKER, PATRICIA D
STREET ADDRESS 700 N GULF BLVD #8
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33185

TITLE ☐ Delete

NAME D STREET, HAROLD
STREET ADDRESS 300 NORTH STREET
CITY-ST-ZIP CASSELBERRY FL 32730

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition

NAME VP NED HINES
STREET ADDRESS 700 N. GULF BLVD #4
CITY-ST-ZIP INDIAN ROCKS BEACH, FL 33185

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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)(f), 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 information.

SIGNATURE:

SIGNATURE REQUIRED

3/20/02 727-785-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Patricia Dietiker, Secretary