2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750646

1. Entity Name

FILED Feb 09, 2000 8:00 am Secretary of State

| REFLECTIONS ON THE GULF ASSOCIATION, INC. | | | | 02- | 02-09-2000 90372 039 ****61.25 | | | |
|--|--|--|--|---|--|--|---------------------|--|
| Principal Place of Business C/O INFINIT PROP MGT. INC 1301 SEMINOLE BLVD #110 LARGO FL 33770 US | | Mailing Address | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | C/O INFINITI PROP MGT. INC 1301 SEMINOLE BLVD #110 LARGO FL 33770-8124 US | | | | | | |
| 2. Principal F | Place of Business | 3. Mailing Address | | | | ···· | - | |
| Suite, Apt. | | Suite, Apt. #, etc. | | | DO NOT WRITE | E IN THIS SPACE | | |
| City & State | | City & State | | 4. FEI Number | 4. FEI Number 59-1967704 | | Applied F | |
| Zip | Country | Zip | Country | 5. Certificate of | of Status Desired | \$8.75 | Additional | |
| | 6. Name and Address of Curren | t Registered Agent | | | Address of New Re | | | |
| شہداداد | ر تاریخ پلومت معتقعین این برید اینده پاید کا استخداد | A STATE OF THE PARTY OF THE PAR | Name_ | · | | . · | | |
| infiniti P | ROPERTY MANAGEMENT | 1 | Street A | ddress (P.O. Box Number | is Not Acceptable) | | | |
| | IINOLE BLVD. | | | | | | | |
| SUITE 110 LARGO FI | | | City | | | FL Zip | Code | |
| - | e named entity submits this statement f | in the summer of changing it | be an electrical office of | registered agent or both | in the state of Flor | | | |
| 8. The above | e named entity submits this statement i | or the purpose of changing i | is registered diffice or | registered agent, or both | i, in the state of Fior | iua. | | |
| | | 1 | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered ager | at and title if applicable. (NC | OTE: Registered Agent signatu | ure required when reinstating) | | DATE | | |
| | | | | | | | | |
| | FILE NOW: FEE IS \$61.25 | 9. Election Campaig | | \$5.00 May Be Added to Fees | | Check Payable oartment of Sta | | |
| 10. | | Trust Fund Contri | | Added to Fees ADDITIONS/CHA | | partment of Sta | ate | |
| TITLE | FEE IS \$61.25 OFFICERS AND D | Trust Fund Contri | 11. | Added to Fees ADDITIONS/CHA | Dep INGES TO OFFICER | partment of Sta | RS IN 10 | |
| TITLE NAME | OFFICERS AND D VD SHEARS, TOM | Trust Fund Contri | 11. TITLE NAME | Added to Fees ADDITIONS/CHA D HOLDERRIED | Dep INGES TO OFFICER AUGUST | partment of Sta | RS IN 10 | |
| TITLE | OFFICERS AND D VD SHEARS, TOM 900 GILF BLVD., #507 | Trust Fund Contri | 11. | Added to Fees ADDITIONS/CHA D HOLDERRIED 900 GULF BI | Depunges to officer AUGUST LVD., #501 | S AND DIRECTOR | RS IN 10 | |
| TITLE NAME STREET ADDRESS | OFFICERS AND D VD SHEARS, TOM | Trust Fund Contri | 11. TITLE NAME STREET ADDRESS | Added to Fees ADDITIONS/CHA D HOLDERRIED | Depunges to officer AUGUST LVD., #501 | S AND DIRECTOR | ate RS IN 10 ange | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND D VD SHEARS, TOM 900 GILF BLVD., #507 INDIAN ROCKS BEACH FL 3376 | Trust Fund Contri | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Added to Fees ADDITIONS/CHA D HOLDERRIED 900 GULF BI INDIAN ROCK | Depunges to officer AUGUST LVD., #501 | SAND DIRECTOR Cha | ate RS IN 10 ange | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | OFFICERS AND D VD SHEARS, TOM 900 GILF BLVD., #507 INDIAN ROCKS BEACH FL 3370 D MCLAUGHLIN, BRUCE 900 GULF BLVD., #303 | Trust Fund Contri | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | Added to Fees ADDITIONS/CHA D HOLDERRIED 900 GULF BI INDIAN ROCK | Depunges to officer AUGUST LVD., #501 | SAND DIRECTOR Cha | ate RS IN 10 ange | |
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SIGNATURE: Mar jorie Heywood & RECORDANGIE Shaper Superval. 02/02/00 (727)595-5277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR MARCTOR

Date Daytime Phone #

^{12.} I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 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 1 changed, or on an attachment with an address, with all other like empowered.