

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-09-2000 90372 039 ****61.25

DOCUMENT # 750646

1. Entity Name

REFLECTIONS ON THE GULF ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O INFINITI PROP MGT. INC
 1301 SEMINOLE BLVD #110
 LARGO FL 33770
 US

C/O INFINITI PROP MGT. INC
 1301 SEMINOLE BLVD #110
 LARGO FL 33770-8124
 US

2. Principal Place of Business

C/O INFINITI

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1967704

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INFINITI PROPERTY MANAGEMENT
1301 SEMINOLE BLVD.
SUITE 110
LARGO FL 33770

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 | VD | <input checked="" type="checkbox"/> Delete |
| NAME | SHEARS, TOM | |
| STREET ADDRESS | 900 GULF BLVD., #507 | |
| CITY-ST-ZIP | INDIAN ROCKS BEACH FL 33785 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCLAUGHLIN, BRUCE | |
| STREET ADDRESS | 900 GULF BLVD., #303 | |
| CITY-ST-ZIP | INDIAN ROCKS BEACH FL 34635 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HEYWOOD, MARGE | |
| STREET ADDRESS | 900 GULF BLVD #308 | |
| CITY-ST-ZIP | INDIAN ROCKS BCH FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | MILLER, DONALD | |
| STREET ADDRESS | 900 GULF BLVD. STE 1008 | |
| CITY-ST-ZIP | INDIAN ROCKS BEACH FL | |
| TITLE | STD | <input checked="" type="checkbox"/> Delete |
| NAME | COWARD, CAROL | |
| STREET ADDRESS | 900 GULF BLVD #501 | |
| CITY-ST-ZIP | INDIAN ROCKS BCH FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | |
|----------------|------------------------------|--|-------------------------------------|
| TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> |
| NAME | HOLDERRIED, AUGUST | | |
| STREET ADDRESS | 900 GULF BLVD., #501 | | |
| CITY-ST-ZIP | INDIAN ROCKS BEACH, FL 33785 | | |
| TITLE | S/T/D | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> |
| NAME | BAKSHI, GIL | | |
| STREET ADDRESS | 401 - 18TH AVE. N. | | |
| CITY-ST-ZIP | INDIAN ROCKS BEACH, FL 33785 | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> |
| 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marjorie Heywood* **02/02/00 (727) 595-5277**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #