

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

0043859

**DOCUMENT # 750646**

1. Entity Name

**REFLECTIONS ON THE GULF ASSOCIATION, INC.**

03-31-2002 90343 022 \*\*\*\*61.25

Principal Place of Business C/O INFINITI 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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-1967704</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

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

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T/D</b> <b>COOPER, EDWARD</b> <b>900 GULF BLVD., #503</b> <b>INDIAN ROCKS BEACH, FL 33785</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PORTER, T. STARR</b> <b>12801 COMMODITY PLACE</b> <b>TAMPA, FL 33626</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *MARGE HEYWOOD* (MARGE HEYWOOD) **3-20-02** (727) 595-5277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/01)