

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90009 050 ****61.25

DOCUMENT # 756601

1. Entity Name

GULF POINTE INTERVALS, INC.

Principal Place of Business

**9439 GULFSHORE DRIVE
 NAPLES FL 34108**

Mailing Address

**9439 GULFSHORE DRIVE
 NAPLES FL 34108**

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

59-2074048

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

**RONDEAU, BEVERLY A.
 6305 WILSHIRE PINE CR #504
 NAPLES FL 34109**

Name

Street Address (P.O. Box Number is Not Acceptable)

(Correct) 6305 WILSHIRE PINE CR #504

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
LANCASTER, FRED
 STREET ADDRESS
1127 SE 31ST STREET
 CITY-ST-ZIP
CAPE CORAL FL 33904

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

D ☐ Delete
CARBONE, IRENE
 STREET ADDRESS
13 MARION
 CITY-ST-ZIP
AMITYVILLE NY 01701

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

TS ☐ Delete
DENOON-ANDERSON, DONNA
 STREET ADDRESS
3152 DOT DR
 CITY-ST-ZIP
CINCINNATI OH 44286

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

P D ☐ Delete
PIPER, HUGH
 STREET ADDRESS
12 LINCOLN AVE. N.
 CITY-ST-ZIP
LEHIGH ACRES FL

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

RPT ☐ Delete
HARROLD, ROBERT
 STREET ADDRESS
3 GRAY AVE.
 CITY-ST-ZIP
HAMPATON N.

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

☐ Delete
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-2002 941-591-3002

CR2E037 (9/01)