

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001157**

1. Entity Name

**GULF STREAM RESORT, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 25 PM 1:25

*inf*



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1501 GULF DRIVE NORTH  
BRADENTON BEACH FL 34217**

Mailing Address  
**1501 GULF DRIVE NORTH  
BRADENTON BEACH FL 34217**

2. Principal Place of Business

3. Mailing Address

**3651 Cortez Rd. W.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 300**

City & State

City & State  
**Bradenton, FL 34210**

4. FEI Number

**65-0456816**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**VALENTE, JAMES R  
1501 GULF DRIVE NORTH  
BRADENTON BEACH FL 34217**

Name

**Steve E. Summers**

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

**3651 Cortez Road W., Suite 300**

**Bradenton, FL 34210**

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 **Steve E. Summers**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-20-00**

DATE

9. Capital Contributions  
as Shown on record.

**\$600,100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **V33340**  
NAME **GULF STREAM BEACH RESORT DEVELOPMENT, INC.**  
STREET ADDRESS **3653 CORTEZ ROAD WEST, SUITE 110**  
CITY-ST-ZIP **BRADENTON FL 34210**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **S42218**  
NAME **AMERICAN RESORTS INTERNATIONAL, INC.**  
STREET ADDRESS **1501 GULF DRIVE NORTH**  
CITY-ST-ZIP **BRADENTON BEACH FL 34217**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **P94000045633**  
NAME **RESORTS OF ANNA MARIA, INC.**  
STREET ADDRESS **3651 CORTEZ ROAD WEST, SUITE 300**  
CITY-ST-ZIP **BRADENTON FL 34210**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Steve E. Summers*  
**SIGNATURE REQUIRED**

**Steve E. Summers**

**(941) 753-1616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/00)