

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000620**

1. Entity Name

GULF BAY REPORTING, LTD.

FILED

02 FEB 20 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REC-11



Principal Place of Business

P.O. BOX 2131
PANAMA CITY FL 32401

Mailing Address

P.O. BOX 2131
PANAMA CITY FL 32401

2. Principal Place of Business

949 Jenks Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite 10

City & State

Zip

Country

Panama City, FL

32401

Bay

DUE BY MAY 1, 2002

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOWNS, GERTRUDE B
P.O. BOX 2131
PANAMA CITY FL 32401

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

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

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

7,500.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOWNS, GERTRUDE B
6924 ALA. AVE.
PORT ST. JOE FL 32456

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOWNS, ROBERT B JR.
6924 ALA. AVE.
PORT ST. JOE FL 32456

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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: **Gertrude B. Downs**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-19-02 850-769-4853
Date Daytime Phone #

CR2E003 (9/01)