

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000000618**

1. Entity Name

**GULF SAND & GRAVEL, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 4810  
GULF SHORES AL 36547P.O. BOX 4810  
GULF SHORES AL 36547-4810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	NEMER, EDWARD L	
STREET ADDRESS	138 WEST 1ST AVENUE	
CITY-ST-ZIP	GULF SHORES AL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	SLYMAN, DAVID L	
STREET ADDRESS	2019 FORD ROAD	
CITY-ST-ZIP	SHEFFIELD AL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURROWS, LAWSON	
STREET ADDRESS	2019 FORD ROAD	
CITY-ST-ZIP	SHEFFIELD AL	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEMER, ERIC E	
STREET ADDRESS	138 WEST 1ST AVENUE	
CITY-ST-ZIP	GULF SHORES AL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward L. Nemer Edward L. Nemer, President1/24/00  
Date334-948-6814  
Daytime Phone #