

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H75054

1. Entity Name

GULF COAST TITLE AND ABSTRACT OF PANAMA CITY, IN

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90026 017 ***150.00

Principal Place of Business

Mailing Address

1430 HARRISON AVE
PANAMA CITY FL 32401

P. O. BOX 135
LYNN HAVEN FL 32444-0135
US

2. Principal Place of Business

107 W. 23RD Street

Suite, Apt. #, etc.

Suite W4

City & State

Panama City, FL

3. Mailing Address

P.O. Box 135

Suite, Apt. #, etc.

City & State

Lynn Haven, FL

4. FEI Number

59-2574258

Applied For

Not Applicable

Zip

32405

Country

Bay

Zip

32444-0135

Country

Bay

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHARP, MICHAEL P
1430 HARRISON AVE
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

(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 PD ☐ Delete
NAME SHARP, MICHAEL P
STREET ADDRESS 104 LOYOLA LANE
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE V ☐ Delete
NAME SHARP, TANYA T
STREET ADDRESS 104 LOYOLA LANE
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ~~VP~~ ☒ Delete
NAME ~~GALARZA, LINDA~~
STREET ADDRESS ~~139 TREASURE PALM DR~~
CITY-ST-ZIP ~~PANAMA CITY BCH FL~~

TITLE VP ☐ Delete
NAME GRAHAM, JULIE A
STREET ADDRESS 142 PELICAN WAY
CITY-ST-ZIP PANAMA CITY BEACH FL 32408

TITLE VP ☒ Delete
NAME HUTCHINSON, PHILLIP D.
STREET ADDRESS 1209 W. 10TH ST.
CITY-ST-ZIP PANAMA CITY FL

TITLE SV ☐ Delete
NAME RICHARDSON, TINA D
STREET ADDRESS 193 DERBY WOODS DR
CITY-ST-ZIP LYNN HAVEN FL 32444

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE S/Sr. VP ☐ Change ☐ Addition
NAME Richardson, Tina D.
STREET ADDRESS 193 Derby Woods Drive
CITY-ST-ZIP Lynn Haven, FL 32444

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

Date

850-769-1311

Daytime Phone #

CR2E034 (9/99)