

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H75054

1. Entity Name

GULF COAST TITLE AND ABSTRACT OF PANAMA CITY, IN

Principal Place of Business

107 W 23RD STREET  
STE W4  
PANAMA CITY FL 32405

Mailing Address

P. O. BOX 135  
LYNN HAVEN FL 32444  
US

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 59-2574258

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

SHARP, MICHAEL P  
1430 HARRISON AVE  
PANAMA CITY FL 32401

Name  
SHARP, MICHAEL P

Street Address (P.O. Box Number is Not Acceptable)  
107 W 23RD STREET

SUITE W-4

City  
PANAMA CITY

FL Zip Code  
32405

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BOTTORF, CAROLYN L  
6116 N. STAR DRIVE  
PANAMA CITY, FL 32404 ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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  
☐ Delete

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

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

4/09/01

Date

850-522-3080

Daytime Phone #

CR2E034 (10/00)

0030560

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90150 041 \*\*\*150.00

00015610



DO NOT WRITE IN THIS SPACE