

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 16, 2000 8:00 am
Secretary of State

05-15-2000 90261 028 ***150.00

DOCUMENT # J74107

1. Entity Name

GULFWIND PRODUCTIONS, INC.

(P)

Principal Place of Business

2005 N TAMiami TR
SARASOTA FL 34234

Mailing Address

2005 N TAMiami TR
SARASOTA FL 34234-8342
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1601 KEN THOMPSON PKWY

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

34236-1005

Country

US

4. FEI Number

59-2815317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

SMITH, PETER

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

1601 KEN THOMPSON PKWY

City

SARASOTA

FL

Zip Code

34236-1005

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHIPP, EUGENE M.	
STREET ADDRESS	1601 KEN THOMPSON PKWY	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHIPP, NORMA, C	
STREET ADDRESS	1601 KEN THOMPSON PKWY	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, PETER	
STREET ADDRESS	1601 KEN THOMPSON PKWY	
CITY-ST-ZIP	SARASOTA FL 34236-1005	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUTSHALL, LAU F	
STREET ADDRESS	1601 KEN THOMPSON PKWY	
CITY-ST-ZIP	SARASOTA FL 34236-1005	
TITLE	AT (Assistant Treasurer)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVAGE, MARCIA	
STREET ADDRESS	1601 KEN THOMPSON PKWY	
CITY-ST-ZIP	SARASOTA FL 34236-1005	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

941.388-4411

Daytime Phone

CR2E034 (9/99)