

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90075 007 ***150.00

DOCUMENT # K56020

1. Entity Name

GULF COAST FINANCIAL CORP. OF THE FLORIDA KEYS

Principal Place of Business

Mailing Address

**900 E CROSS ST
 PENSACOLA FL 32503
 US**

**900 E CROSS ST
 PENSACOLA FL 32503-3662
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 2335

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

4. FEI Number

59-2914067

Applied For

Not Applicable

Zip

Country

Zip

Country

32513-2335

US

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

**LUKKAR, PAUL A.
 900 E CROSS ST
 PENSACOLA FL 32503**

Name

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

P.O. Box 2335

City

Pensacola

FL

Zip Code

32513

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] **PRESIDENT PAUL A. LUKKAR** 4/28/00

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 Delete
 NAME **D**
 STREET ADDRESS **LUKKAR, PAUL A.**
 CITY-ST-ZIP **900 E. CROSS ST. PENSACOLA FL 32503**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
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 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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 and covered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT
PAUL A. LUKKAR
 Date

4/28/00
 Daytime Phone #