## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

## Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # K56020** GULF COAST FINANCIAL CORP. OF THE FLORIDA KEYS 04-27-2001 90347 017 \*\*\*150.00 Principal Place of Business Mailing Address 900 E CROSS ST 900 E CROSS ST PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Sty & State ENSAWLA Applied For 4. EEL Number 59-2914067 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired. USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUKKAR, PAUL A. Street Address (P.O. Box Number is No. Acceptable) 900 E CROSS ST PENSACOLA FL 32503 City Zip Code the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 71718 ☐ Delete TITLE Addition NAME LUKKAR, PAUL A. NAME STREET ADDRESS 900 E. CROSS ST. STREE: ADDRESS CiTY-ST-7IP PENSACOLA FL 32503 CITY-ST-ZIP TITLE ☐ Delate ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUS ☐ Celete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CI~Y-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 13. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 eath; 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

A-LUKKAR 4/23/01

FILED