

2001 UNIFORM BUSINESS REPORT (UBR)

0026287 AF

DOCUMENT # L00000004668

1. Entity Name

GULF SHORE DEVELOPMENT IV, L.L.C.

FILED

01 MAR -9 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

722 SHAMROCK BLVD
VENICE FL 34293

Mailing Address

722 SHAMROCK BLVD
VENICE FL 34293

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-100 2812

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEIDER, WILLIAM M
200 SOUTH ORANGE AVENUE
SARASOTA FL 34236

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
RICHARD W. BRADY
315 PINE GLEN WAY
ENGLEWOOD, FL 34223

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P. ROBERT W. BRADY
5227 SIESTA COVE DR.
SARASOTA, FL 34242

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC. TROY
PAMELA B. SULLIVAN
2800 KENNEDY DR.
VENICE, FL 34292

☐ Delete

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CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Pamela B. Sullivan 3/4/01 941-484-5118

CR2E083 (11/00)