

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L22899

1. Entity Name

GULFWIND MARINE BROKERAGE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90922 012 ***150.00

Principal Place of Business

1601 KEN THOMPSON PKWY
SARASOTA FL 34236

Mailing Address

2005 N TAMIAMI TRAIL
SARASOTA FL 34234-8342
US

2. Principal Place of Business

3. Mailing Address

1601 KEN THOMPSON PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA FL

4. FEI Number 65-0168277

Applied For
Not Applicable

Zip

Country

Zip

Country

34236-1005

US

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

ROBERTSON, WILLIAM E. J
720 S. ORANGE AVENUE
SUITE 1100
SARASOTA FL 34236

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 NAME STREET ADDRESS CITY-ST-ZIP	DP WHIPP, EUGENE M. 1601 KEN THOMPSON PKWY SARASOTA FL 34230	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHIPP, NORMA C. 1601 KEN THOMPSON PKWY SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

Peter Smith

Date

Daytime Phone #

4/27/00 (941) 388-4411

CR2E034 (9/99)