

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91132 012 ***150.00

DOCUMENT # L90424

1. Entity Name
GULFSHORE REAL ESTATE OF COLLIER COUNTY, INC.

Principal Place of Business

**1215 SALVIA LANE
 NAPLES FL 34105**

Mailing Address

**2197 CORPORATION BLVD.
 NAPLES FL 34109
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1215 SALVIA LA
 Suite, Apt. #, etc.**

3. Mailing Address

**1215 SALVIA LA
 Suite, Apt. #, etc.**

City & State

NAPLES

City & State

NAPLES FL

4. FEI Number **65-0216156**

Applied For

Not Applicable

Zip

34105

Country

Collier

Zip

34105

Country

Collier

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOULET, RAYMOND W JR
 228 FOXGLEN DR # 3102
 NAPLES FL 33942**

7. Name and Address of New Registered Agent

**PATRICIA BEATTY
 Street Address (P.O. Box Number is Not Acceptable)
 1215 SALVIA LANE**

NAPLES FL

FL 34105

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

Patricia Beatty

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, 2001 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

TITLE **PST** ☐ Delete
 NAME **GOULET, RAYMOND W. JR**
 STREET ADDRESS **228 FOXGLEN DR., #3102**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **OWNER DIRECTOR** ☐ Change ☒ Addition
 NAME **PATRICIA BEATTY**
 STREET ADDRESS **1215 SALVIA LA**
 CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Patricia Beatty
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9412611453

CR2E034 (10/00)