

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 21 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L98000001647

1. Entity Name  
GULLWING BEACH RESORT, LLC

Principal Place of Business  
6640 ESTERO BOULEVARD  
FORT MYERS BEACH FL 33931

Mailing Address  
6640 ESTERO BOULEVARD  
FORT MYERS BEACH FL 33931-4512

2. Principal Place of Business

3. Mailing Address

Sunstream, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
6620 Estero Blvd

City & State

City & State  
Fort Myers Beach, FL

*MWM*

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip  
33931

Country  
US

4. FEI Number  
65-0882014

Applied For  
Not Applicable

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

VOGEL, JAMES D ESQ.  
VOGEL, DAVIS & VOGEL, P.A.  
3936 TAMiami TRAIL NORTH, SUITE B  
NAPLES FL 34103

Name  
Monsrud, Mary A  
Street Address (P.O. Box Number is Not Acceptable)  
Sunstream, Inc.  
6620 Estero Boulevard  
City  
Ft Myers Beach FL Zip Code  
33931

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

*Mary Anne Monsrud*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/00  
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  
MGRM  
DIAMONDHEAD ISLAND BEACH RESORT, LC  
6640 ESTERO BOULEVARD  
FORT MYERS BEACH FL 33931 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
500003241365--5  
-05/05/00--01091--005  
\*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
SUNSTREAM, INC.  
1303 FRONTAGE ROAD, SUITE 11  
HASTINGS MN 55033 ☐ Delete

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

TITLE  
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☐ Change ☐ Addition

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 OR MANAGER

David A. Lawrence 3-8-2000 941 765-4111

Date

Daytime Phone #