

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

0636370 SP

03-12-2002 90029 029 ***150.00

DOCUMENT # M76260

1. Entity Name
GULFSIDE PROPERTIES CORPORATION

Principal Place of Business

9815 HWY 98 W
5394 EAST HIGHWAY 98
DESTIN FL 32541
US

Mailing Address

9815 HWY 98 W
5394 EAST HIGHWAY 98
DESTIN FL 32541
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2884024

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PETERMAN, RICHARD P ESQ.
25 WALTER MARTIN ROAD NE
FORT WALTON BEACH FL 32548

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

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, 2002 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 ST
FREEMAN, PAUL
9815 HWY. 98 WEST
DESTIN FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VST
BRYANT, JERRI P
129 TURTLE CREEK DR
SANTA ROSA BCH FL 32459

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PETERMANN, RICHARD P
25 WALTER MARTIN RD., NE
FORT WALTON BEACH FL 32548-4937

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

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CITY-ST-ZIP

☐ Change

☐ 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

Date

Daytime Phone #

2-26-02

850-837-3524

CR2E034 (9/01)