

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007669

1. Entity Name

GULF COUNTY ECONOMIC DEVELOPMENT COUNCIL, INC.

FILED

Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90028 044 ****61.25

Principal Place of Business

Mailing Address

401 CECIL G COSTIN SR. BLVD
PORT ST JOE FL 32456

401 CECIL G COSTIN SR. BLVD
PORT ST JOE FL 32456

2. Principal Place of Business

3. Mailing Address

1000 CECIL COSTIN

P.O. BOX 429

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#313

CITY & STATE
PORT ST. JOE

CITY & STATE
PORT ST. JOE, FL

Zip

Country

Zip

Country

32456

FL

32456

FL

4. FEI Number

59-3685134

Applied For

Not Applicable

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

JOHNSON, JAMES G
401 CECIL G COSTIN SR. BLVD
PORT ST JOE FL 32456

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME WOOD, KENNETH L
STREET ADDRESS 8112 AMERICUS AVE
CITY-ST-ZIP PORT ST JOE FL 32456

TITLE D ☐ Change ☒ Addition
NAME Bill Williams
STREET ADDRESS 8646 W. Hwy 98
CITY-ST-ZIP PORT ST. JOE, FL

TITLE D ☒ Delete
NAME MCDONALD, J M
STREET ADDRESS P O BOX 204
CITY-ST-ZIP PORT ST JOE FL 32457

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

TITLE D ☐ Delete
NAME PIERCE, CHARLOTTE M
STREET ADDRESS P O BOX 462
CITY-ST-ZIP PORT ST JOE FL 32457

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

TITLE D ☐ Delete
NAME JOHNSON, JAMES G
STREET ADDRESS P O BOX 368
CITY-ST-ZIP PORT ST JOE FL 32457

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

CR2E037 (9/01)