

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90023 023 ****61.25

DOCUMENT # N06615

1. Entity Name

GULF GATE MEDICAL CENTER CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

% LAWRENCE M HANKIN
 6128 S TAMIAMI TR
 SARASOTA FL 34231

% LAWRENCE M HANKIN
 6130 S. TAMIAMI TRL
 SARASOTA FL 34231

AU054728



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2817872

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

HANKIN, LAWRENCE M
6128 S TAMIAMI TR
SARASOTA FL 34231

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: PD
 NAME: SCHWARTZBAUM, LEONARD R Delete
 STREET ADDRESS: 6128 S. TAMIAMI TRAIL
 CITY-ST-ZIP: SARASOTA FL

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

TITLE: VSD
 NAME: HANKIN, LAWRENCE M Delete
 STREET ADDRESS: 100 N PINEAPPLE AVE
 CITY-ST-ZIP: SARASOTA FL

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

TITLE: TRD
 NAME: LEVENBERG, L. Delete
 STREET ADDRESS: 6128 S TAMIAMI TR.
 CITY-ST-ZIP: SARASOTA FL

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

TITLE: TS
 NAME: SEMIAN, DAVID W Delete
 STREET ADDRESS: 6130 S TAMIAMI TRAIL
 CITY-ST-ZIP: SARASOTA FL

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
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 NAME: Change Addition
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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: _____

David W. Semian **REQUIREDD W SEMIAN** 3/29/01 (941) 922-1565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)