

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91037 019 ****61.25

DOCUMENT # N06615

1. Entity Name

Gulf Gate Medical Center Condominium
Association, Inc.



DO NOT WRITE IN THIS SPACE

30051181

2. Principal Place of Business
c/o Lawrence M Hankin

3. Mailing Address
c/o Lawrence M Hankin

Suite, Apt. #, etc.
6128 S Tamiami Trail

Suite, Apt. #, etc.
6130 S Tamiami Trail

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
59-2817872

Applied For
Not Applicable

Zip
34231 Country

Zip
34231 Country

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Hankin, Lawrence M

Street Address (P.O. Box Number is Not Acceptable)
6128 S Tamiami Trail

City Sarasota FL Zip Code 34231

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | | |
|--|---|--|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRUS, MARK H 6128 S Tamiami Trail Sarasota, FL 34231 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD HANKIN, LAWRENCE M 100 N Pineapple Ave. Sarasota, FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRD LEVENBERG, L 6128 S Tamiami Trail Sarasota, FL 34231 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TS SEMIAN, DAVID W 6130 S Tamiami Trail Sarasota, FL 34231 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David W Semian

David W Semian

4/2/03

(941)922-1565

CR2E037B (12/02)