

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90037 050 \*\*\*\*61.25

**DOCUMENT # N29153**

i. Entity Name

**GULF COAST DUCKS UNLIMITED, INC.**

Principal Place of Business	Mailing Address
J. PATRICK FLOYD BOX 950/408 LONG AVENUE PORT ST. JOE FL 32456	C/O J. PATRICK FLOYD P.O. BOX 950/408 LONG AVENUE PORT ST. JOE FL 32456-1708



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
<b>59-2959974</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

FLOYD, J. PATRICK  
 408 LONG AVENUE  
 PORT ST. JOE FL 32456

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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, 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**

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
D	<input type="checkbox"/> Delete FLOYD, J. PATRICK 1104 MONUMENT AVENUE PORT ST. JOE FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	<input type="checkbox"/> Delete MCNEIL, JIM INDIAN PASS BEACH PORT ST. JOE FL	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	<input checked="" type="checkbox"/> Delete ROBERSON, RALPH 1904 MONUMENT AVENUE PORT ST. JOE FL	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	<input type="checkbox"/> Delete QUACKENBUCH, HAROLD 111 SUNSET CIRCLE PORT ST. JOE FL	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	<input type="checkbox"/> Delete TODD, MIKE JUNIPER AVENUE PORT ST. JOE FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

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 FLOYD* **3/2/00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #