

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-01-2001 90053 040 ****61.25

DOCUMENT # N94000002891

1. Entity Name

GULF ISLAND BEACH & TENNIS CLUB CONDOMINIUM ASSO



Principal Place of Business

Mailing Address

% SEABOARD ARBORS
2189 CLEVELAND STREET, SUITE 225
CLEARWATER FL 33765
US

% SEABOARD ARBORS
2189 CLEVELAND STREET, SUITE 225
CLEARWATER FL 33765
US

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

59-3323609

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

LEIGHTON, LENNARD A
2189 CLEVELAND STREET
SUITE 225
CLEARWATER FL 33765

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:
FEES 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 ☐ Delete
NAME **D**
STREET ADDRESS **BOYCE, PATRICIA**
CITY-ST-ZIP **6040 SEA RANCH DRIVE**
PORT RICHEY FL 34667

TITLE ☒ Change ☐ Addition
NAME **P/S**
STREET ADDRESS **Patricia Boyce**
CITY-ST-ZIP **VR/T**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BRASEL, LARRY**
CITY-ST-ZIP **6040 SEA RANCH DRIVE**
PORT RICHEY FL 34667

TITLE ☒ Change ☐ Addition
NAME **VR/T**
STREET ADDRESS **Patricia Boyce**
CITY-ST-ZIP **VR/T**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SMITH, CANDY**
CITY-ST-ZIP **6040 SEA RANCH DRIVE**
PORT RICHEY FL 34667

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **DARCONTE, FRANK**
CITY-ST-ZIP **6040 SEA RANCH DRIVE**
PORT RICHEY FL 34667

TITLE ☐ Change ☐ Addition
NAME **VR/T**
STREET ADDRESS **Patricia Boyce**
CITY-ST-ZIP **VR/T**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BRASEL, LARRY**
CITY-ST-ZIP **6040 SEA RANCH DRIVE**
PORT RICHEY FL 34667

TITLE ☐ Change ☐ Addition
NAME **VR/T**
STREET ADDRESS **Patricia Boyce**
CITY-ST-ZIP **VR/T**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SMITH, CANDY**
CITY-ST-ZIP **6040 SEA RANCH DRIVE**
PORT RICHEY FL 34667

TITLE ☐ Change ☐ Addition
NAME **VR/T**
STREET ADDRESS **Patricia Boyce**
CITY-ST-ZIP **VR/T**

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: Patricia Boyce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/01

Date

Daytime Phone #

CR2E037 (10/00)