

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001954

1. Entity Name

GULF SHORE LITERARY SOCIETY, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90003 009 ****61.25

Principal Place of Business

4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 33940

Mailing Address

4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 33940

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

65-0706565

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPLES-LAWDOCK, INC
4501 TAMiami TRAIL NORTH
STE 300
NAPLES FL 3410

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME TD
STREET ADDRESS BOYD, CAROL B
CITY-ST-ZIP NORTHERN TRUST BANK 4001 TAMiami TR. NO
NAPLES FL

TITLE ☐ Delete
NAME PD
STREET ADDRESS FARRINGTON, CAROL
CITY-ST-ZIP 901 GALLEON DRIVE
NAPLES FL

TITLE ☐ Delete
NAME SD
STREET ADDRESS JOHNSON, KIM Q
CITY-ST-ZIP 4501 TAMiami TRAIL NO STE 300
NAPLES FL

TITLE ☐ Delete
NAME VD
STREET ADDRESS KALETT, MIRIAM
CITY-ST-ZIP 36 GOLF COTTAGES DR.
NAPLES FL 34105

TITLE ☐ Delete
NAME SD
STREET ADDRESS COOK, DEBBIE
CITY-ST-ZIP 4246 OUTLASS LANE
NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Carol B. Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/01

Date

Daytime Phone #

941-362-8800 x136

CR2E037 (10/00)