

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003890

1. Entity Name

GUL INTERNATIONAL, INC.

Principal Place of Business

600 EAST BAY AVENUE  
LAKE CITY FL 32025  
US

Mailing Address

P.O. BOX 1691  
LAKE CITY FL 32056-1691  
US

2. Principal Place of Business

Church Road

Suite, Apt. #, etc.

3. Mailing Address

Rt 4 Box 8800

Suite, Apt. #, etc.

City & State

Hilliard, Florida

Zip

32046

Country

Nassau

City & State

Hilliard, Florida

Zip

32046

Country

Nassau

4. FEI Number

59-3398355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUL, GUNEY S  
RT 12 BOX 462 FAWN DR  
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name Guney S. Gul

Street Address (P.O. Box Number is Not Acceptable)

Rt 4 Box 8800

City Hilliard

FL

Zip Code

32046

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

*Guney Gul*

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 PD  
NAME GUL, GUNEY S  
STREET ADDRESS RT 12 BOX 462 FAWN DR  
CITY-ST-ZIP LAKE CITY FL 32055 ☐ Delete

TITLE VP  
NAME WHITE, ELBERT  
STREET ADDRESS 1340 POPLAR ST.  
CITY-ST-ZIP LAKE CITY FL 32025 ☒ Delete

TITLE  
NAME DUPREE, LAMAR  
STREET ADDRESS 625 THERESA ST  
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE S  
NAME WHITE, LINDA  
STREET ADDRESS 1340 POPLAR ST  
CITY-ST-ZIP LAKE CITY FL 32025 ☒ Delete

TITLE D  
NAME DAMPIER, HUGH  
STREET ADDRESS RT 14 BOX 4170  
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE D  
NAME GUL, RENEE  
STREET ADDRESS RT 12 BOX 462  
CITY-ST-ZIP LAKE CITY FL 32055 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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:

*Guney Gul* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)