

Amended

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 96 00000 3890

1. Entity Name

Gul International

Principal Place of Business

Mailing Address

Rt 4, Box 8800  
Hilliard, FL 32046Rt 4, Box 8800  
Hilliard, FL  
32046FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 30 PM 5:25

2. Principal Place of Business

3. Mailing Address

Church Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Hilliard, FL

Zip

Country

Zip

Country

32046

USA

4. FEI Number

59-3398355

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Gunev Gul  
Rt 4, Box 8800  
Hilliard FL 32046

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐-\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Rev. Robert Tibbs	<input checked="" type="checkbox"/> Delete
NAME		Treasurer	
STREET ADDRESS		Pastor First Baptist church of	
CITY-ST-ZIP		Boulogne, Rt 4, Box 8800	
		Hilliard, FL 32046	

TITLE	D	Gunev Gul, President	<input type="checkbox"/> Delete
NAME		Rt 4 Box 8800	
STREET ADDRESS		Hilliard, FL 32046	
CITY-ST-ZIP			

TITLE	D	Matthew Johnston	<input type="checkbox"/> Delete
NAME		VP	
STREET ADDRESS		3300 4th Street	
CITY-ST-ZIP		Brunswick, GA 31520	

TITLE	D	Secretary	<input type="checkbox"/> Delete
NAME		Rev. Bill Henderson	
STREET ADDRESS		First Baptist Church	
CITY-ST-ZIP		St Simons Island, GA 31046	

TITLE	D	Barry Dunn	<input type="checkbox"/> Delete
NAME		Bursar	
STREET ADDRESS		Lake City Community Church	
CITY-ST-ZIP		College, Lake City, FL 32055	

TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		100003465211--4	
CITY-ST-ZIP		-11/15/00--01118--011	
		*****61.25 *****61.25	

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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: Gunev Gul

Gunev Gul

9-5-00 904-845-7952