

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90139 010 \*\*\*\*61.25

**DOCUMENT # N96000003890**

1. Entity Name

**GUL INTERNATIONAL, INC.**



Principal Place of Business

Mailing Address

729 OCEAN BLVD.  
ST. SIMONS ISLAND GA 31522  
US

PO BOX 21678  
ST. SIMONS ISLAND GA 31522  
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 **59-3398355**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAUNCEY, CARL**  
**RT. 9, BOX 624 SW WALTER AVENUE**  
**LAKE CITY FL 32024**

Name **Chauncey, Carl**

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

**516 Marymac Str. SE**

City **Live Oak**

**FL**

Zip Code **32064**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Carl Chauncey*

**4-23-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPO</b> <b>GUL, GUNEY</b> <b>102 HIDDEN LAKES DRIVE</b> <b>BRUNSWICK GA 31525</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DOVP</b> <b>JOHNSTON, MATTHEW</b> <b>195 HAMPTON POINT DRIVE</b> <b>ST. SIMONS ISLAND GA 31522</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSO</b> <b>JOHNSTON, JOY</b> <b>195 HAMPTON POINT DRIVE</b> <b>ST SIMONS ISLAND GA 31522</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUNN, BARRY</b> <b>LAKE CITY COMMUNITY CHURCH COLLEGE</b> <b>LAKE CITY FL 32055</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OT</b> <b>BAKER, AL</b> <b>61 PREBYTERIAN CHURCH 48 HAMPTON P DR</b> <b>SAINT SIMONS ISLAND GA 31522</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENDERSON, BILL</b> <b>729 OCEAN BOULEVARD</b> <b>SAINT SIMONS ISLAND GA 31522</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSO</b> <b>Joseph E. Keany JR.</b> <b>170 W Desoto DR</b> <b>Sea Island, GA 31561-0256</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-03**

Date

**912-634-6068**

Daytime Phone

CR2E037 (10/02)