

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001280

1. Entity Name

GULF BREEZE FINANCIAL SERVICES, INC.

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90039 004 ****61.25

Principal Place of Business

1070 SHORELINE DRIVE
GULF BREEZE FL 32561

Mailing Address

P.O. BOX 640
GULF BREEZE FL 32561
32562 0640

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 59-0948304

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

DANNHEISSER, MATT E
504 NORTH BAYLEN STREET
PENSACOLA FL 32501

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILCHRIST, M L 1127 SOUNDVIEW TRAIL GULF BREEZE FL 32561	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOPACK, DANIEL J R 14 MCLANE DR GULF BREEZE FL 32561	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, C V JR 24 WEST GOVERNMENT ST. PENSACOLA FL 32501	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, CARL T 200 SHORELINE DRIVE GULF BREEZE FL 32561	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OUTZEN, RICHARD M JR 110 PINE TREE DR GULF BREEZE FL 32561	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beverly Zimmern 623 Bay Cliff Gulf Breeze, FL 32561	☐ Delete Add

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 101 S. Jay St.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

M. Gilchrist
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)