

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006342

1. Entity Name

GULF ISLANDS ALLIANCE, INC.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 18 AM 9:43

Principal Place of Business

Mailing Address

#1 CAUSEWAY BLVD
DUNEDIN FL 34698

#1 CAUSEWAY BLVD
DUNEDIN FL 34698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3503338

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCSPARREN, LARY
#1 CAUSEWAY BLVD.
DUNEDIN FL 34698

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	D	<input type="checkbox"/> Delete
NAME	PAYNE, JAMES DR	
STREET ADDRESS	1031 S POINT ALEXIS DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCSPARREN, LARY	
STREET ADDRESS	3490 OLD KEYSTONE RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, ELISE	
STREET ADDRESS	1187 E KLOSTERMAN RD	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELDEN, WILLIAM	
STREET ADDRESS	1075 ENISWOOD PKWY	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, LINDA	
STREET ADDRESS	929 BAY ESPLANADE	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, RICKEY	
STREET ADDRESS	437 E BOYER ST	
CITY-ST-ZIP	TARPON SRPINGS FL 34689	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDITH HAWES	
STREET ADDRESS	16807 ASHWOOD DRIVE	
CITY-ST-ZIP	TAMPA, FL 33624	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA MCSPARREN	
STREET ADDRESS	3490 OLD KEYSTONE ROAD	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD PULS	
STREET ADDRESS	23907 LAKEBARK COURT	
CITY-ST-ZIP	LUTZ, FL 33549	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

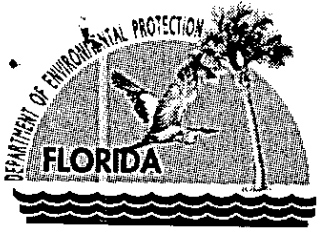
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

LARY MCSPARREN

4-20-01 (227)573-7676

Date Daytime Phone #

CR2E037 (10/00)



Jeb Bush
Governor

Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

David B. Struhs
Secretary

May 15, 2001

Ms. Cathy Stauffer
Division of Corporations
Florida Department of State
Post Office Box 6327
Tallahassee, Florida 32314

Dear Ms. Stauffer:

This letter is to certify to you that Gulf Islands Alliance, Inc., is a duly authorized citizen support organization which is under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to F.S. 617.0122, this filing is exempt from any fee's when certified by this department.

After filing, please return certified documents to Phillip Werndli at the above address, MS 535. If further information is needed feel free to call him at 488-8243.

Sincerely,

Fran P. Mainella, CPRP
Director
Division of Recreation and Parks

FPM/pwb

Attachments