

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006342

1. Entity Name

GULF ISLANDS ALLIANCE, INC.

FILED

May 29, 2002 8:00 am  
Secretary of State

05-29-2002 90731 029 \*\*\*\*61.25

Principal Place of Business

#1 CAUSEWAY BLVD  
DUNEDIN FL 34698

Mailing Address

#1 CAUSEWAY BLVD  
DUNEDIN FL 34698

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P O Box 753

Suite, Apt. #, etc.

City & State

TARPON SPRINGS

Zip

34689

Country

PINECLAS

4. FEI Number

59-3503338

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

Name

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

City

FL

Zip Code

MCSPARREN, LARY  
#1 CAUSEWAY BLVD.  
DUNEDIN FL 34698

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  
NAME PAYNE, JAMES DR  
STREET ADDRESS 1031 S POINT ALEXIS DR  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE SECRETARY  
NAME PAT MCSPARREN  
STREET ADDRESS 3490 OLD KEYSTONE RD  
CITY-ST-ZIP TARPON SPRINGS, FL 34689 ☐ Change ☒ Addition

TITLE P  
NAME MCSPARREN, LARY  
STREET ADDRESS 3490 OLD KEYSTONE RD  
CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Delete

TITLE VICE PRESIDENT  
NAME RICHARD PULS  
STREET ADDRESS 23907 LAKEBARK CT  
CITY-ST-ZIP LUTZ, FL 33549 ☐ Change ☒ Addition

TITLE D  
NAME BROWN, ELISE  
STREET ADDRESS 1187 E KLOSTERMAN RD  
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

TITLE D  
NAME ELDEN, WILLIAM  
STREET ADDRESS 1075 ENISWOOD PKWY  
CITY-ST-ZIP PALM HARBOR FL 34683

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

TITLE D  
NAME TAYLOR, LINDA  
STREET ADDRESS 929 BAY ESPLANADE  
CITY-ST-ZIP CLEARWATER FL 33767 ☒ Delete

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

TITLE T  
NAME HAWES, JUDITH  
STREET ADDRESS 16807 ASHWOOD DRIVE  
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

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: Judith Hawes  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/02 813-887-1808  
Date Daytime Phone #

CR2E037 (9/01)