

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

DOCUMENT # N97000006342

1. Entity Name

GULF ISLANDS ALLIANCE, INC.



FILED

03 FEB 25 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

#1 CAUSEWAY BLVD  
DUNEDIN FL 34698

Mailing Address

PO BOX 753  
TARPON SPRINGS FL 34689

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

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME T  
STREET ADDRESS MCSPARREN, PAT  
CITY-ST-ZIP 3490 OLD KEYSTONE RD  
TARPON SPRINGS, FL 34688

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

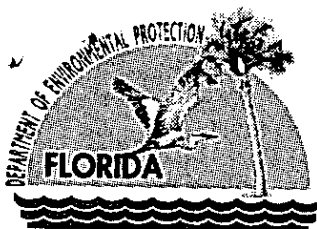
TITLE ☐ Change ☒ Addition  
NAME VP  
STREET ADDRESS RICHARD PULS  
CITY-ST-ZIP 23907 LAKEBARK COURT  
LUTZ, FL 33549

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

2-2-03 (727) 540-1366

CR2E037 (11/02)



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

February 20, 2003

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Mr. Toner,

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 245-3098.

Warmest regards,

Wendy Spencer, Director  
Florida Park Service

WS/pwb

Attachments