

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002762

1. Entity Name

GULF COUNTY COASTAL DEVELOPMENT ASSOCIATION, INC

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90005 023 ****61.25

Principal Place of Business

Mailing Address

5540 CAPE SAN BLAS ROAD
PORT ST. JOE FL 32456

5540 CAPE SAN BLAS ROAD
PORT ST. JOE FL 32456-4307

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

59-3617727

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

COSTIN, CHARLES A
413 WILLIAMS AVE.
PORT ST. JOE FL 32456

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

James R. Morrow

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	PD	<input type="checkbox"/> Delete
NAME	MORROW, JAMES R	
STREET ADDRESS	5540 CAPE SAN BLAS ROAD	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARLEY, SUSAN M	
STREET ADDRESS	P.O. BOX 475	
CITY-ST-ZIP	PORT ST. JOE FL 32457	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES G	
STREET ADDRESS	401 FIFTH STREET	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, WILLIAM J	
STREET ADDRESS	5499 SAND BAR DRIVE	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JASPER L	
STREET ADDRESS	905 MONUMENT AVE.	
CITY-ST-ZIP	PORT ST. JOE FL 32456	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTIN, CHARLES A	
STREET ADDRESS	413 WILLIAMS AVE.	
CITY-ST-ZIP	PORT ST. JOE FL 32456	

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	
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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

James R. Morrow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)