

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90397 020 \*\*\*\*61.25

**DOCUMENT # N99000002762**

1. Entity Name

**GULF COUNTY COASTAL DEVELOPMENT ASSOCIATION, INC**

Principal Place of Business

**5540 CAPE SAN BLAS ROAD  
PORT ST. JOE FL 32456**

Mailing Address

**5540 CAPE SAN BLAS ROAD  
PORT ST. JOE FL 32456**

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 91**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**PORT ST JOE, FL**

4. FEI Number

**59-3617727**

Applied For

Not Applicable

Zip

Country

**32457**

Country

**GULF**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

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES G	
STREET ADDRESS	401 FIFTH STREET	
CITY-ST-ZIP	PORT ST. JOE FL 32456	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JASPER L	
STREET ADDRESS	905 MONUMENT 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	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		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/25/01****850-227-1416**

CR2E037 (10/00)