

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90061 040 ****70.00

DOCUMENT # N99000003984

1. Entity Name

THE GSC OWNERS ASSOCIATION, INC.

Principal Place of Business

1690 RAYMOND DIEHL ROAD, C-6
 TALLAHASSEE FL 32308

Mailing Address

1690 RAYMOND DIEHL ROAD, C-6
 TALLAHASSEE FL 32308

2. Principal Place of Business

8601 Surf Drive

Suite, Apt. #, etc.

#1 East

City & State

Panama City Beach, FL

Zip

32408

Country

USA

3. Mailing Address

8601 Surf Drive

Suite, Apt. #, etc.

#1 East

City & State

Panama City Beach, FL

Zip

32408

Country

USA

4. FEI Number

59-3659245

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BURKE, M. TODD
 221 MCKENZIE AVENUE
 PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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 re-registering)

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

TITLE PD
 NAME SHELFER, FRED G
 STREET ADDRESS 1690 RAYMOND DIEHL ROAD, C-6
 CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE STD
 NAME KNOX, K.O.
 STREET ADDRESS 1690 RAYMOND DIEHL ROAD, C-6
 CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE D
 NAME HARDY, GAYLE
 STREET ADDRESS 6504 THOMAS DRIVE
 CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE D
 NAME Hardy, Gayle
 STREET ADDRESS 6504 Thomas Drive
 CITY-ST-ZIP Panama City Beach, FL 32408 ☒ Change ☐ Addition

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

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

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)