

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90138 009 ****61.25

DOCUMENT # N99000006110



1. Entity Name
GULFSHORE SHOOTOUT, INC.

Principal Place of Business
4200 GULFSHORE BLVD NORTH
NAPLES FL 34103

Mailing Address
4200 GULFSHORE BLVD NORTH
NAPLES FL 34103

20034046



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 31-1712101

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

GREGORY, C NEIL
850 PARK SHORE DR, 3RD FL
NAPLES FL 34103

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 **D** ☐ Delete
NAME **CONSOLINO, JOE**
STREET ADDRESS **5600 COUGAR DR**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☐ Change ☒ Addition
NAME **BUNNELL, JAMES**
STREET ADDRESS **3406 ENTERPRISE AVE**
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** ☐ Delete
NAME **GUTMAN, HOWARD**
STREET ADDRESS **4200 GULFSHORE BLVD NORTH**
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **D** ☐ Delete
NAME **ARMALAVAGE, RICK**
STREET ADDRESS **1845 TRADE CENTER WAY**
CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE **D** ☐ Delete
NAME **DEFURIO, CARL**
STREET ADDRESS **5600 COUGAR DR**
CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE **D** ☐ Delete
NAME **HORNBECK, BUD**
STREET ADDRESS **671 GOODLETTE RD N**
CITY-ST-ZIP **NAPLES FL 34102**

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

TITLE **D** ☐ Delete
NAME **LEWIS, PHIL**
STREET ADDRESS **1075 CENTRAL AVE**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Change ☐ 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 BUNNELL JAMES*

4/22/03 239-643-3343

CR2E037 (10/02)