

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034641

1. Entity Name

GULFWIND MARINE PARTNERS, INC.

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90347 001 ***600.00

Principal Place of Business

1500 RINGLING BLVD., #1000
SARASOTA FL 34230

Mailing Address

1485 S. TAMiami TR.
VENICE FL 34285

2. Principal Place of Business

1601 KEN THOMPSON PKWY

Suite, Apt. #, etc.

3. Mailing Address

1601 KEN THOMPSON PKWY

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-1013180

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

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

FERGESON, JAMES O JR

1515 RINGLING BLVD., #1000
SARASOTA FL 34236

Name

FERGESON, JAMES O JR

Street Address (P.O. Box Number is Not Acceptable)

1515 RINGLING BLVD #1000

City

SARASOTA

FL

Zip Code
34236

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SMITH, PETER ☐ Delete
1601 KEN THOMPSON PARKWAY
SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES, CEO, S, T, ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LYNCH, W. TERRY ☐ Delete
7090 PLACIDA ROAD
CAPE HAZE, FL 33946

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, CHAIRMAN ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MARCIA SAVAGE ☐ Delete
1601 KEN THOMPSON PARKWAY
SARASOTA, FL 34236

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marcia Savage

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCIA SAVAGE, ASST TREAS.

4/6/2001

(941) 365-8220

Date

Daytime Phone #

CR2E034 (10/00)