

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 04-05-2001 90023 023 ***150.00

0426352

DOCUMENT # P00000037775

1. Entity Name
GULFCOAST MANAGING GENERAL AGENCY, INC.

Principal Place of Business
**31608 U.S. HWY 19 NORTH
 PALM HARBOR FL 34684**

Mailing Address
**31608 U.S. HWY 19 NORTH
 PALM HARBOR FL 34684**

A0043028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
101 FEDERAL PLACE

3. Mailing Address
PO BOX 1489

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.

City & State
TARPON SPRINGS

City & State
TARPON SPRINGS

4. FEI Number
59-3705935

Applied For
 Not Applicable

Zip
34689

Country
FLORIDA

Zip
34688-1489

Country
FLORIDA

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

**WILSON, WARREN A III
 31608 U.S. HWY 19 NORTH
 PALM HARBOR FL 34684**

Name
GARY R. REID

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

SUITE 101

City
TARPON SPRINGS FL Zip Code
34689

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]* **GARY R. REID** PRESIDENT **2/27/2001**
(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	D WILSON, WARREN A III 31608 U.S. HWY 19 NORTH PALM HARBOR FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. SEC. TRS GARY R. REID 335 CROSSWINDS DR. PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PEGGY L. REID 335 CROSSWINDS DR. PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **GARY R. REID** PRES. **2/27/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-942-9363

CR2E034 (10/00)