

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90006 046 ***550.00

DOCUMENT # P00000089050

1. Entity Name
GULF ISLAND VILLAS, INC.

Principal Place of Business
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228

Mailing Address
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

515 42ND STREET

Suite, Apt. #, etc.

HOLMES BRANCH

City & State

BRADENTON FL

Zip

34217

Country

MANATEE

3. Mailing Address

4012 BAMBOO TERRACE

Suite, Apt. #, etc.

SAN REMO SHORES

City & State

BRADENTON FLORIDA

Zip

34210

Country

MANATEE

4. FEI Number

65-1052533

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FARMER, STEPHEN
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name **STEPHEN FARMER**
 Street Address (P.O. Box Number, Not Acceptable) **4012 BAMBOO TERRACE**
SAN REMO SHORES
 City **BRADENTON** FL Zip Code **34210**

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 **7th Aug 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FARMER, STEPHEN	
STREET ADDRESS	4134 GULF OF MEXICO DRIVE SUITE 302	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	CHANGE OF ADDRESS
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEPHEN FARMER	
STREET ADDRESS	4012 BAMBOO TERRACE	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7th Aug 2001

Date

944 795 6225

Daytime Phone #

CR2E034 (5/01)