

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90169 030 ***150.00

DOCUMENT # P00000102649
 1. Entity Name
GOLF ISLAND MANAGEMENT, INC.

Principal Place of Business Mailing Address
903 GOLF ISLAND DRIVE **903 GOLF ISLAND DRIVE**
DRIVE APOLLO BEACH FL 33572 **DRIVE APOLLO BEACH FL 33572**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
118 FLAMINGO DRIVE **118 FLAMINGO DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE E **STE E**

City & State City & State
Apollo Beach **Apollo Beach**

4. FEI Number Applied For
59-3681800 Not Applicable

Zip Country Zip Country
33572 **Hillsborough** **33572** **Hillsborough**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SILIATI, ALFRED S
903 GOLF ISLAND DRIVE
DRIVE APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent
 Name **ALFRED D Siliati**
 Street Address (P.O. Box Number is Not Acceptable)
118 FLAMINGO DRIVE
STE E
 City **Apollo Beach** **FL** Zip Code **33572**

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 *Alfred D Siliati* *Alfred D Siliati* DATE **1/18/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILIATI, ALFRED D 903 GOLF ISLAND DRIVE DRIVE APOLLO BEACH FL 33572	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: *Alfred D Siliati* **ALFRED D. Siliati** DATE **1/18/02** Daytime Phone # **813 641 1645**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/00) 33