

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112882

1. Entity Name

GULF ATLANTIC FUNDING, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90072 018 ***150.00

Principal Place of Business

Mailing Address

2900 BAY GROVE RD.
FREEPORT FL 32439

2900 BAY GROVE RD.
FREEPORT FL 32439

2. Principal Place of Business

3. Mailing Address

127 HWY 98 EAST
Suite, Apt. #, etc.

127 HWY 98 EAST
Suite, Apt. #, etc.

SUITE 8-A

SUITE 8-A

City & State

City & State

DESTIN, FL

DESTIN FL

Zip

Country

32541

OKALOOSA

Zip

Country

32541

OKALOOSA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENY, BECKY M
2900 BAY GROVE RD.
FREEPORT FL 32439

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.

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RENY, BECKY M 2900 BAY GROVE RD. FREEPORT FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RENY, MICHAEL R 2900 BAY GROVE RD. FREEPORT FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MICHAEL R. RENY 4-17-01 (850)269-2201

CR2E034 (10/00)