

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 NOV 13 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000004563**
1. Entity Name
Gulf Island Resort, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business **6040 Sea Ranch Dr** 3. Mailing Address **6040 Sea Ranch Dr**
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Hudson, FL** Zip **34667** Country **FL** 4. FEI Number **59-3167770** Applied For ☐ Not Applicable ☒
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

Eisi Markovitz
1602 Alton Rd.
Miami Beach, FL 33139

Name **Candy Smith**
Street Address (P.O. Box Number is Not Acceptable) **Gulf Island Resort**
6040 Sea Ranch Dr
City **Hudson, FL** Zip Code **34667**

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 **Candy Smith** **Candy Smith** **10/18/00**
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, 2000 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/2005 **(901) 862-5491**
Date Daytime Phone #

CR2E034 (9/99)