

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000004563**1. Entity Name  
GULF ISLAND RESORT, INC.

## Principal Place of Business

6040 SAN RANCH DR.

HUDSON  
34667

FL

## Mailing Address

6040 SAN RANCH DR.

HUDSON  
34667

FL

## 2. Principal Place of Business

6040 SEARANCH DR.

## 3. Mailing Address

1602 ALTON RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
515

## City &amp; State

HUDSON

FL

## City &amp; State

MIAMI BEACH

FL

Zip  
34667

Country

Zip  
33139

Country

## 4. FEI Number

59-3167770

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

SMITH CANDY  
GULF ISLAND RESORT  
6040 SEA RANCH DR.  
HUDSON  
34667

FL

## 7. Name and Address of New Registered Agent

Name

MARKOVITZ EISI

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

1602 ALTON RD.

515

City  
MIAMI BEACH

FL

Zip Code  
33139

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 **EISI MARKOVITZ**

05/01/2001

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	MARKOVITZ EISI	
STREET ADDRESS	6040 SAN RANCH DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FREWKRER ROBERT	
STREET ADDRESS	6040 SAN RANCH DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BISTRICER ALEX	
STREET ADDRESS	6040 SAN RANCH DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIREWORKER ROBERT	
STREET ADDRESS	6040 SEA RANCH DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISTRICER ALEX	
STREET ADDRESS	6040 SEA RANCH DR.	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKOVITZ EISI	
STREET ADDRESS	1602 ALTON RD. #515	
CITY-ST-ZIP	MIAMI BEACH FL 331	
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
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: **EISI-MARKOVITZ**

P/D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)