

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90067 011 ***150.00

DOCUMENT # P93000004855

1. Entity Name
GULF PLACE CORPORATION

Principal Place of Business
4444 WEST SCENIC HWY., 30-A
SANTA ROSA BEACH FL 32459
US

Mailing Address
4444 WEST SCENIC HWY 30-A
SANTA ROSA BEACH FL 32459
US

2. Principal Place of Business
95 LAURA HAMILTON BLVD
 Suite, Apt. #, etc.
C-5

3. Mailing Address
95 LAURA HAMILTON BLVD
 Suite, Apt. #, etc.
C-5



DO NOT WRITE IN THIS SPACE

City & State
SANTA ROSA BEACH FL
 Zip
32459
 Country
U.S.A.

City & State
SANTA ROSA BEACH FL
 Zip
32459
 Country
USA

4. FEI Number **59-3172549**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARD J. ROOKIS
4444 WEST SCENIC HWY. 30-A
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
95 LAURA HAMILTON BLVD
C-5
 City **SANTA ROSA BCH** **FL** Zip Code **32459**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP | PD ANDREWS, ANGUS 35000 EMERALD COAST PARKWAY DESTIN FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ABBOTT, WILLIAM 35000 EMERALD COAST PARKWAY DESTIN FL 32541 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ABBOTT, STEPHEN 35000 EMERALD COAST PARKWAY DESTIN FL 32541 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD VANDIVER, CHARLES 35000 EMERALD COAST PARKWAY DESTIN FL 32541 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD STEINER, JAMES 35000 EMERALD COAST PARKWAY DESTIN FL 32541 | <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 |
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| 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 like empowered.

SIGNATURE: Richard J. Rookis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01 850.267.3400
 Date Daytime Phone #

CR2E034 (10/00)