## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

Principal Place of Business

P93000004855

Mailing Address

1. Entity Name

**GULF PLACE CORPORATION** 



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90521 023 \*\*\*150.00

95 LAURA HAMILTON BLVD 95 LAURA HAMILTON BLVD			000200			
SUITE C-5		SUITE C-5				
SANTA ROSA BEACH FL 32459		SANTA ROSA BEACH FL 32459				
US		US				
2. Principal Place of Business 7 TOWN CENTER LOOP 7 TOWN CEN			ENTER LOW	ρ	544 MERT WINDS (MINE) MINE 1404	
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & Stat	A RUSA BEACH FL	SANTA RO	SA BEACH I	4. FEI Number 59-3172549	Applied For Not Applicable	
<sup>Zip</sup> る4	SA Country S.	3°2459	Country S	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			
			Name			
RICHARD J. ROOKIS				Street Address (P.O. Box Number is Not Acceptable)		
95 LAURA HAMILTON BLVD			Street Addres	s (P.O. Box Number is Not Acceptable)		
SUITE C-5						
SANTA ROSA BEACH FL 32459						
SANTA NOSA BEACTI EL S2439			City	F	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. I am familiar with, and accept						
the obligat	tions of registered agent.		•			
OLO MATURE						
SIGNATURE						
C After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of S	tate		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition 3	
NAME	ANDREWS, ANGUS		NAME		9	
STREET ADDRESS	35000 EMERALD COAST PARKWA	Y	STREET ADDRESS		78	
CITY-ST-ZIP	DESTIN FL		CITY-ST-ZIP		E 1	
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	ABBOTT, WILLIAM		NAME		١٥	

STREET ADDRESS

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

TITLE

35000 EMERALD COAST PARKWAY

35000 EMERALD COAST PARKWAY

35000 EMERALD COAST PARKWAY

35000 EMERALD COAST PARKWAY

DESTIN FL 32541

ABBOTT, STEPHEN

DESTIN FL 32541

DESTIN FL 32541

STEINER, JAMES

DESTIN FL 32541

VANDIVER, CHARLES

VPD

STD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. 22.03

850.267.3400

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