## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

## DOCUMENT # P93000084123 May 16, 2000 8:00 am Secretary of State GULF COAST COMMUNITIES, INC. 05-16-2000 90116 011 \*\*\*158.75 Principal Place of Business Mailing Address 4500 EXECUTIVE DRIVE 4500 EXECUTIVE DRIVE SUITE 300 SUITE 300 NAPLES FL 34119-8908 NAPLES FL 34119 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0455079 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KELLY, JANET Street Address (P.O. Box Number is Not Acceptable) 4500 EXECUTIVE DRIVE #300 NAPLES FL 34119 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **VPD** ☐ Addition TITLE Delete TITLE LY, JANET DO EXECUTIVE DRIVE #300 KELLY, JANET NAME 4500 EXECUTIVE DRIVE # 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP NAPUS FL 34119 Change ☐ Addition ... Delete TITLE TITLE HARDY, ROBERT S. NAME NAME 4500 EXECUTIVE DRIVE, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NPALES FL 34119 Change ☐ Addition TITLE Delete TITLE HARDY, ROBERT S NAME NAME 4500 EXECUTIVE DRIVE, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34119 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME GAECUTIVE DRIVE #300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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