

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085098

1. Entity Name

GULF SHORE DEVELOPMENT I, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90125 032 ***150.00

Principal Place of Business

1774 KILLDEER CIR
VENICE FL 34293

Mailing Address

1774 KILLDEER CIR
VENICE FL 34293-1490

2. Principal Place of Business

244 Cocoa Lane

3. Mailing Address

722 Shamrock BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VENICE, FL

City & State

VENICE, FL

4. FEI Number

65-0458946

Applied For

Not Applicable

Zip

Country

34293

US

Zip

Country

34293

US

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

SULLIVAN, PAMELA B
1774 KILLDEER CIR
VENICE FL 34293

Name

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

244 Cocoa Lane

City

VENICE

FL

34293

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

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
D	BRADY, RICHARD W	315 PINE GLEN WAY	ENGLEWOOD FL 34223	<input type="checkbox"/>
D	BRADY, ROBERT W	5227 SIESTA COVE DR	SARASOTA FL 34242	<input type="checkbox"/>
D	SULLIVAN, PAMELA B	1774 KILLDEER CIR	VENICE FL 34293	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

244 Cocoa Lane
VENICE, FL 34293

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

941-493-4216

Daytime Phone #

CR2E034 (9/99)