FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 08, 2001 8:00 am DOCUMENT # P93000085602 **Secretary of State** GULF SHORE DEVELOPMENT II, INC. 03-08-2001 90139 031 ***150.00 Mailing Address Principal Place of Business 722 SHAMROCK BLVD. 244 COCOA LN. VENICE FL 34293 VENICE FL 34293 七田りるるるりる 2. Principal Place of Business 3. Mailing Address 2800 Kennedy <u>8800</u> DR DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For tv & State 65-0461069 Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SULLIVAN, PAMELA B Street Address (P.O. Box Number is Not Acceptable) 1774 KILLDEER CR. VENICE FL 34293 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE ☐ Change ☐ Addition BRADY, RICHARD W NAME NAME STREET ADDRESS 315 PINE GLEN WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 TITLE ☐ Change ☐ Addition TITLE ☐ Delete BRADY, ROBERT W NAME NAME STREET ADDRESS 5227_SIESTA.COVE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 ☐ Delete TITLE TITLE SULLIVAN, PAMELA B NAME NAME 2800 Kennedy OR VENICE, EL 34292 STREET ADDRESS 1774 KILLDEER CR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 vith an address, with all other like empowered