

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000064791

1. Entity Name

GULF COAST RESIDENTIAL, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90035 020 ***150.00

Principal Place of Business

3504 WILDERNESS BLVD. E.
PARRISH FL 34219

Mailing Address

3504 WILDERNESS BLVD. E.
PARRISH FL 34219

2. Principal Place of Business

11101 Carrollwood Dr

3. Mailing Address

11101 Carrollwood Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

65-0516379

Applied For

Not Applicable

Zip

33618

Country

USA

Zip

33618

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARCOMB, RICHARD E
3504 WILDERNESS BLVD. E.
PARRISH FL 34219

7. Name and Address of New Registered Agent

Name LARCOMB, RICHARD E
Street Address (P.O. Box Number is Not Acceptable)
11101 Carrollwood Drive
City Tampa FL Zip Code 33618

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 Richard E. Larcomb - President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-00

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

TITLE	PDS	<input type="checkbox"/> Delete
NAME	LARCOMB, RICHARD E	
STREET ADDRESS	3504 WILDERNESS BLVD. E.	
CITY-ST-ZIP	PARRISH FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	LARCOMB, DEBORAH H	
STREET ADDRESS	3504 WILDERNESS BLVD. E.	
CITY-ST-ZIP	PARRISH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARCOMB, RICHARD E	
STREET ADDRESS	11101 CARROLLWOOD DRIVE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARCOMB, DEBORAH H	
STREET ADDRESS	11101 CARROLLWOOD DRIVE	
CITY-ST-ZIP	TAMPA, FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard E. Larcomb 4-17-00 (813) 936-5052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)