

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000083834

Entity Name
ANGELINE GULFSTREAM PROPERTIES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State
05-11-2000 90298 018 ***158.75

Principal Place of Business GULF OF MEXICO DRIVE 6 KEY FL 34228	Mailing Address 7800 BAYBERRY RD JACKSONVILLE FL 32256-6856 US
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DO NOT WRITE IN THIS SPACE

Principal Place of Business 33 PALM AVENUE Suite, Apt. #, etc.	3. Mailing Address 7800 BAYBERRY ROAD Suite, Apt. #, etc.	4. FEI Number 59-3288633 Applied For Not Applicable	
City & State SARASOTA, FL	City & State JACKSONVILLE, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34236	Country USA	Zip 32256	Country USA

6. Name and Address of Current Registered Agent FULLERTON, ROBERT C 7800 BAYBERRY RD JACKSONVILLE FL 32256	7. Name and Address of New Registered Agent Name DAVID GURLEY Street Address (P.O. Box Number is Not Acceptable) NORTON, GURLEY, HAMMERSLEY & LOPEZ 1819 MAIN STREET, SUITE 610 City SARASOTA FL Zip Code 34236
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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: 4/26/00

(NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DP CLABAUGH, JAMES E 2033 MAIN ST., SUITE 101 SARASOTA FL 34237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CLABAUGH, JAMES E 303 PALM AVENUE SARASOTA, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DTVS FULLERTON, ROBERT C 7800 BAYBERRY ROAD JACKSONVILLE FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAST FULLERTON, ROBERT C. 303 PALM AVENUE SARASOTA, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V GIBSON, CHRISTINE 201 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GIBSON, CHRISTINE 303 PALM AVENUE SARASOTA, FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V McCULLOUGH, PAMELA 303 PALM AVENUE SARASOTA, FL 34236 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 4/19/00 904-737-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #