

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000091437

1. Entity Name

GULFPOINTE HOMES, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90389 038 \*\*\*150.00

C0067549

Principal Place of Business

Mailing Address

2. Principal Place of Business

4830 Three Oaks Boulevard

Suite, Apt. #, etc.

3. Mailing Address

5370 CLARK RD

Suite, Act. If, etc.

SUITE A BOX 201

DO NOT WRITE IN THIS SPACE

City & State  
Sarasota, Florida

City & State  
SARASOTA FL.

4. FEI Number  
64-0541027

Applied For

Not Applicable

Zip  
34233

Country  
Sarasota

Zip  
34238

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

William A. Dooley, Esquire  
1432 First Street  
Sarasota, Florida 34236

7. Name and Address of New Registered Agent

Name  
Paul R. Pugliese

Street Address (P.O. Box Number is Not Acceptable)  
4830 Three Oaks Boulevard

Sarasota

City

FL

Zip Code  
34233

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

*Paul R. Pugliese*  
Signature, typed or printed name of registered agent and title if applicable.

Paul R. Pugliese

(NOTE: Registered Agent signature required when reinstating)

4/23/01  
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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Paul R. Pugliese  
7778 Clun Lane  
Sarasota, Florida 34238 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice-President  
David A. Cargill  
6058 Rodgers Avenue  
Sarasota, Florida 34231 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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: Paul R. Pugliese

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01  
Date

941-927-3363  
Daytime Phone #