

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P95000007625**1. Entity Name  
GULF COAST VACATION RENTALS OF SGI, INC.Principal Place of Business  
45 EAST FIRST STREET  
ST. GEORGE ISLAND FL 32328 US  
Mailing Address  
45 E. FIRST ST.  
ST. GEORGE ISLAND FL 32328 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
59-3300024  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

JAMES LORA L  
1528 EAST GULF BEACH DRIVE  
ST. GEORGE ISLAND FL  
32328 US

## 7. Name and Address of New Registered Agent

Name  
JAMES III LEWIS S  
Street Address (P.O. Box Number is Not Acceptable)  
316 MARKS STREET  
City  
ST. GEORGE ISLAND FL Zip Code  
32328

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 **JAMES III, LEWIS, S**

04/24/2001

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, 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 V ☒ Delete  
NAME MITCHELL TERRI F  
STREET ADDRESS 1316 PEMBRIDGE WAY  
CITY-ST-ZIP KENNESAW GA 30144TITLE ST ☐ Delete  
NAME JAMES LEWIS SIII  
STREET ADDRESS 316 MARKS ST  
CITY-ST-ZIP ST. GEORGE ISLAND FLTITLE V ☐ Delete  
NAME JAMES CHARLOTTE A  
STREET ADDRESS 757 EAST GORRIE DRIVE  
CITY-ST-ZIP ST. GEORGE ISLAND FLTITLE P ☐ Delete  
NAME JAMES LORA L  
STREET ADDRESS 1528 EAST GULF BEACH DRIVE  
CITY-ST-ZIP ST. GEORGE ISLAND FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ST ☒ Change ☐ Addition  
NAME LATHAM SUZANNE Y  
STREET ADDRESS 1335 EAST GULF BEACH DRIVE  
CITY-ST-ZIP ST. GEORGE ISLAND FL 32328TITLE V ☒ Change ☐ Addition  
NAME JAMES GAIL B  
STREET ADDRESS 316 MARKS STREET  
CITY-ST-ZIP ST. GEORGE ISLAND FL 32328TITLE P ☒ Change ☐ Addition  
NAME JAMES III LEWIS S  
STREET ADDRESS 316 MARKS STREET  
CITY-ST-ZIP ST. GEORGE ISLAND FL 32328TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **JAMES III, LEWIS, S**

P

04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)