

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90177 031 ***150.00

0045817 AV

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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3300024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**JAMES III, LEWIS S
 310 MARKS STREET
 ST. GEORGE ISLAND FL 32328**

7. Name and Address of New Registered Agent

Name
LEWIS S JAMES III
 Street Address (P.O. Box Number is Not Acceptable)
45 EAST FIRST ST
 City
ST GEORGE ISLAND FL 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

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, 2002 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 ☐ Delete
 NAME **P**
 STREET ADDRESS **JAMES III, LEWIS S**
 CITY-ST-ZIP **310 MARKS STREET
 ST. GEORGE ISLAND FL 32328**

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **JAMES, GAIL B**
 CITY-ST-ZIP **310 MARKS STREET
 ST. GEORGE ISLAND FL 32328**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **LATHAM, SUZANNE Y**
 CITY-ST-ZIP **1335 EAST GULF BEACH DRIVE
 ST. GEORGE ISLAND FL 32328**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **45 EAST FIRST ST**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **45 EAST FIRST ST**
 CITY-ST-ZIP

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

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

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

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02 850927 2596
 Date Daytime Phone #

CR2E034 (9/01)