

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010527

1. Entity Name

GULF ATLANTIC HOSPITALITY, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90033 042 ***150.00

Principal Place of Business

Mailing Address

3370 CAPITAL CIR NE

3370 CAPITAL CIR NE

G

G

TALLAHASSEE FL 32308

TALLAHASSEE FL 32308-3833

US

US

2. Principal Place of Business

1963 Village Green way

3. Mailing Address

1963 Village Green way

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32308

Country

US

Zip

32308

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3294629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDERSON, JOHN C
3390 CAPITAL CIR. NE
TALLAHASSEE FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PSD	HENDERSON, JOHN C	210 ROSEHILL LANE	TALLAHASSEE FL 32312	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VTD	RAYDO, ALAN W	9238 STATE LINE ROAD	LEAWOOD KS 66209	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

4/27/00 (50) 553-4884

CR2E034 (9/99)