

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90383 032 ***150.00

DOCUMENT # P95000010712

1. Entity Name

GULF COAST SHARED SERVICES, INC.

Principal Place of Business

Mailing Address

110 OAKFIELD DRIVE
FL 33511

710 OAKFIELD DRIVE
BRANDON FL 33511-4938

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

59-3292834

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

GALLAGLY, EDWARD J
3333 HENDERSON BLVD
TAMPA FL 33609

Name
DALE F. SCHUMACHER

Street Address (P.O. Box Number is Not Acceptable)
3815 N. NEBRASKA AVE.

City
TAMPA

FL

Zip Code
33603

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]

DALE F. SCHUMACHER, VICE CHAIRMAN

4.20.2000

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 PD
NAME GALLAGLY, EDWARD J
STREET ADDRESS 3333 HENDERSON BLVD
CITY-ST-ZIP TAMPA FL 33609

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME SCHUMACHER, DALE
STREET ADDRESS 3815 N NEBRASKA AVE
CITY-ST-ZIP TAMPA FL 33603

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME HINES, NED L
STREET ADDRESS 3710 N 50 STREET
CITY-ST-ZIP TAMPA FL 33619

☐ Delete

TITLE
NAME ARTHUR J. WOOD
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE PD
NAME SIMMONDS, JOHN E
STREET ADDRESS 2701 W BUSCH BLVD SUITE 200
CITY-ST-ZIP TAMPA FL 33618

☐ Delete

TITLE
NAME WILLIAM DEMARE
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
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:

[Signature] DALE F. SCHUMACHER VICE CHAIRMAN

Date

Daytime Phone #

4.20
2000

813.383.2377

CR2E034 (9/99)