

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90520 033 ***150.00

DOCUMENT # P95000051238

1. Entity Name
GULF PLACE CORP. OF SOUTH WALTON, INC.



Principal Place of Business
**95 LAURA HAMILTON BLVD
C-5
SANTA ROSA BEACH FL 32459
US**

Mailing Address
**95 LAURA HAMILTON BLVD
C-5
SANTA ROSA BEACH FL 32459
US**

90011569



2. Principal Place of Business

**7 TOWN CENTER LOOP
Suite, Apt. #, etc.
C-14**

3. Mailing Address

**7 TOWN CENTER LOOP
Suite, Apt. #, etc.
C-14**

☐ CHECK HERE IF MAKING CHANGES

City & State
SANTA ROSA BEACH FL

City & State
SANTA ROSA BEACH FL

4. FEI Number **59-3357703**

Applied For
☐ Not Applicable

Zip
32459

Country
US

Zip
32459

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RICHARD J. ROOKIS
95 LAURA HAMILTON BLVD
C-D
SANTA ROSA BEACH FL 32459**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00**

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D ABBOTT, WILLIAM W JR.**
STREET ADDRESS **506 HIGHWAY 98, EAST**
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE ☐ Delete
NAME **D ABBOTT, STEPHEN J**
STREET ADDRESS **506 HIGHWAY 98, EAST**
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE ☐ Delete
NAME **D VAN DIVER, CHARLES H III**
STREET ADDRESS **506 HIGHWAY 98, EAST**
CITY-ST-ZIP **DESTIN FL 32541**

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

TITLE ☐ Delete
NAME **D ANDREWS, ANGUS G JR.**
STREET ADDRESS **95 LAURA HAMILTON BLVD., UNIT C-5**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE ☐ Delete
NAME **D ROOKIS, RICHARD J**
STREET ADDRESS **95 LAURA HAMILTON BLVD., UNIT C-5**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-03 850.267.3400

Date Daytime Phone #

CR2E034 (10/02)