

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023094

1. Entity Name

GULF SHORE DEVELOPMENT III, INC.

Principal Place of Business

1774 KILLDEER CIRCLE
VENICE FL 34293

Mailing Address

1774 KILLDEER CIRCLE
VENICE FL 34293-1490

2. Principal Place of Business

244 Cocoa Lane

Suite, Apt. #, etc.

3. Mailing Address

722 SHAMROCK BLVD

Suite, Apt. #, etc.

City & State

Venice, FL

City & State

VENICE, FL

Zip

Country

34293 U.S.

Zip

Country

34293 US

4. FEI Number

65-0753566

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

SULLIVAN, PAMELA B
1774 KILLDEER CIRCLE
VENICE FL 34293

Name

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

244 Cocoa Lane

City

VENICE

FL

Zip Code

34293

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 ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRADY, RICHARD W
315 PINE GLEN WAY
ENGLEWOOD FL 34223

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRADY, ROBERT W
5227 SIESTA COVE DRIVE
SARASOTA FL 34242

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
SULLIVAN, PAMELA B
1774 KILLDEER CIRCLE
VENICE FL 34293

TITLE ☐ Change ☐ Addition

244 Cocoa Lane
VENICE, FL 34293

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90120 023 ***150.00

00071493



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)