

2001 UNIFORM BUSINESS REPORT (UBR)

P98000012893

DOCUMENT # P98000012893

1. Entity Name

GAYLOR RESORT PROPERTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

508 DONA AV
FT. WALTON BEACH, FL
32547

508 DONA AV
FT. WALTON BEACH, FL
32547

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

237-54-7073

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 JUL 10 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

74677

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOBBY C GAYLOR
508 DONA AV.
FT. WALTON BEACH, FL
32547

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, 2001 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 OWNER-PRESIDENT
NAME BOBBY C GAYLOR
STREET ADDRESS 508 DONA AV.
CITY-ST-ZIP FT. WALTON BEACH, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400004133504-9
-05/03/01--01060--005
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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: Bobby C Gaylor - BOBBY C GAYLOR

Date

Daytime Phone #

1185230982

June 10-2001