2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016309

1. Entity Name
GULF FINANCIAL CORPORATION

Principal Place of Business 5100 N. FEDERAL HIGHWAY

Mailing Address

5100 N. FEDERAL HIGHWAY

FILED
Jan 24, 2001 8:00 am
Secretary of State
01-24-2001 90037 016 ***150.00

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I, LAUDENDALE FL 33308	FI. LAUDENDALE FL 33308		1.000	
Principal Place of Business 3. Mailing Address				
5100N Kdural Highway		leval Highway	,	I ISBSB BLIBB TIILI BBILB COLI IOGI
Suite, Apt. #, etc. # 200	Suite, Apt. #, etc. #200		DO NOT WRITE IN TH	IIS SPACE
Ft Lavderdale FL	FF Lavdudale	FL	4. FEI Number 65-0816432	Applied For Not Applicable
333 <i>08</i> Country	33308	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Register	ed Agent
RANEY, AUGUSTUS E JR. 5100 N. FEDERAL HIGHWAY #300 FT. LAUDERDALE FL 33308		Street Address ((P.O. Box Number is Not Acceptable)	
		City	F	Zip Code
8. The above named entity submits this statement for	r the purpose of changing its	registered office or register	red 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	d when reinstating) DA1	TE.
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	After MAY 1, 200	!! FEE IS \$150.00 01 Fee will be \$550.00 le to Department of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSD RANEY, AUGUSTUS E JR 5100 N. FED. HWY., #300 FT. LAUDERDALE FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAUDERAME, FL 33308	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TH LAHTELA ON FEDERAL HUY #300 LANDERDALE #4 33	□ Change X Addition S S 8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	NAME STREET ADDRESS CITY-ST-ZIP	and the second s	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with indicated on this report of supplemental report is	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR