

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90137 038 \*\*\*150.00

**DOCUMENT # P98000039319**

1. Entity Name  
**GULF COAST DEVELOPERS, INC.**

Principal Place of Business 100 MADRID BLVD STE 112 PUNTA GORDA FL 33950	Mailing Address 100 MADRID BLVD STE 112- PUNTA GORDA FL 33950-7906
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 Madrid Blvd Suite, Apt. #, etc. <b>Suite # 313</b>	3. Mailing Address P. O. Box 510366 Suite, Apt. #, etc.
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City & State Punta Gorda, FL	City & State Punta Gorda, FL	4. FEI Number 65-0832044	Applied For <input type="checkbox"/> Not Applicable
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Zip 33950	Country USA	Zip 33951	Country USA	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent MOORE, JAMES E III 1625 W MARION AVE STE 2 PUNTA GORDA FL 33950	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ECKHOFF, WILLIAM D</b> <b>3300 SUNSET KEY CIRCLE</b> <b>PUNTA GORDA FL 33955</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Eckhoff, William D</b> <b>3297 Sunset Key Circle</b> <b>Punta Gorda, FL 33955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Linda K. Eckhoff</b> <b>3297 Sunset Key Circle</b> <b>Punta Gorda, FL 33955</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: DATE: 1/20/00 DAYTIME PHONE #: 941-639-4001

CR2E034 (9/99)