

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098960

1. Entity Name
GULF COAST PROPERTIES OF NAPLES, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-29-2001 90381 043 ***150.00

Principal Place of Business

Mailing Address

5534 YAHL STREET
NAPLES FL 34109

5534 YAHL STREET
NAPLES FL 34109

6 0 4 4 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2154 Trade Center Way

2154 Trade Center Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2

2

City & State

Naples FL

City & State

Naples FL

4. FEI Number 65-0879267

Applied For

Not Applicable

Zip

Country

34109

USA

Zip

Country

34109

USA

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

MISKANIC, VICTOR
5534 YAHL STREET
NAPLES FL 34109

Name

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

2154 Trade Center Way #2

City

Naples

FL

Zip Code

34109

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 ☐ Delete
NAME D
STREET ADDRESS MISKANIC, VICTOR
CITY-ST-ZIP 5534 YAHL STREET
NAPLES FL 34109

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor Miskanic

3/27/01

Date

941-591-2204

Daytime Phone #

CR2E034 (10/00)