

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P990000 12328**  
 1. Entity Name  
**Gulf Shores Realty of Port Charlotte, Inc.**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**  
 04-25-2000 90050 015 \*\*\*150.00

**56074115**

DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**4055 Tamiami Tr.**  
**Suite # 33**  
**Port Charlotte, FL 33952**

Mailing Address  
**25301 Harborview Rd.**  
**Port Charlotte, FL 33980**

2. Principal Place of Business  
**4055 Tamiami Tr.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 33**

Suite, Apt. #, etc.

City & State  
**Port Charlotte, FL**

City & State

4. FEI Number  
**65-0897945**

Applied For  
☐ Not Applicable

Zip  
**33952**

Country  
**US**

Zip  
 Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Sandra Carmello**  
**25301 Harborview Road**  
**Port Charlotte, FL 33980**

7. Name and Address of New Registered Agent

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, 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

TITLE **PS** ☐ Delete  
 NAME **Sandra Carmello**  
 STREET ADDRESS **25301 Harborview Rd.**  
 CITY-ST-ZIP **Port Charlotte, FL 33980**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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: **Sandra Carmello** **4/17/00** **941-629-1112**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Sandra Carmello**

CR2E034 (9/99)