

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038791

1. Entity Name

GULF COAST TITLE CLOSINGS & ESCROW SERVICES, INC

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90066 022 ***150.00

Principal Place of Business

Mailing Address

1012 FELECITY WAY
HARBOR FL 34685

4942 FELECITY WAY
PALM HARBOR FL 34685-3159

951950



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

490 Alternate 19

3. Mailing Address

490 Alternate 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FFI Number

59-3572832

Applied For

Not Applicable

Zip

34683

Country

USA

Zip

34683

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

K. DEAN KANTARAS, P.A.
901 N. HERCULES AVENUE, SUITE D
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Cheryl Lynne Wehlau
4942 Felecitay Way
Palm Harbor FL 34685

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

Cheryl Lynne Wehlau

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/00

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	D	<input type="checkbox"/> Delete
NAME	WEHLAU, CHERYL LYNNE	
STREET ADDRESS	4942 FELECITY WAY	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	President	<input type="checkbox"/> Delete
NAME	Wehlau Cheryl Lynne	
STREET ADDRESS	4942 Felecitay Way	
CITY-ST-ZIP	Palm Harbor FL 34685	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Geiger Mark	
STREET ADDRESS	3351 Old Keystone Road	
CITY-ST-ZIP	Tampon Springs, FL 34689	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Delete
NAME	Wehlau John T	
STREET ADDRESS	4942 Felecitay Way	
CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wehlau CHERYL LYNNE	
STREET ADDRESS	4942 Felecitay Way	
CITY-ST-ZIP	Palm Harbor FL 34685	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geiger Mark	
STREET ADDRESS	3351 Old Keystone Rd	
CITY-ST-ZIP	Tampon Springs, FL 34689	
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wehlau John T	
STREET ADDRESS	4942 Felecitay Way	
CITY-ST-ZIP	Palm Harbor, FL 34685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Cheryl Lynne Wehlau, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/00

Daytime Phone #

727-784-6500

CR2E034 (9/99)