

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045182

1. Entity Name

GASPARILLA PROPERTIES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90405 031 ***150.00

Principal Place of Business 1861 PLACIDA RD., STE. 204 ENGLEWOOD FL 34223	Mailing Address 1861 PLACIDA RD., STE. 204 ENGLEWOOD FL 34223-4949
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2. Principal Place of Business 421 PARK AVE Suite, Apt. #, etc.	3. Mailing Address PO Box 1364 Suite, Apt. #, etc.
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City & State BOCA GRANDE, FL	City & State BOCA GRANDE FL	4. FEI Number 65-0921060	Applied For Not Applicable
Zip 33921	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BATSEL, C.GUY 1861 PLACIDA RD., STE. 204 ENGLEWOOD FL 34223	7. Name and Address of New Registered Agent Name: ROBERT A. MELVIN, IV Street Address (P.O. Box Number is Not Acceptable): 4120 SNAIL ISLAND CT City: BOCA GRANDE FL Zip Code: 33921
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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: Robert A. Melvin, IV DATE: 4/14/00

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

ROBERT A. MELVIN, IV, PRESIDENT

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 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	D BATSEL, C. GUY 1861 PLACIDA RD., STE. 204 ENGLEWOOD FL 34223 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT A. MELVIN, IV 4120 SNAIL CT. PO Box 1364 BOCA GRANDE, FL 33921 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert A. Melvin, IV 4120 Snail Ct./P.O. Box 1364 Boca Grande, Florida 33921 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. RANDY WOJCIK 40 BUNKER PLACE ROTUNDA, FL 33947 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Randy Wojcik 40 Bunker Place Rotonda, Florida 33947 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS/ SEC CAROL STEWART 350 GASPARILLA ST. PO Box 1604 BOCA GRANDE, FL 33921 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Carol Stewart 350 Gasparilla St./P.O. Box 1604 Boca Grande, Florida 33921 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert A. Melvin, IV DATE: 4/14/00 DAYTIME PHONE #: 9419645650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. MELVIN, IV