

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051385

1. Entity Name

GULF PLACE TOWN CENTER, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90312 011 ***150.00

Principal Place of Business

Mailing Address

4444 W COUNTY RD 30-A
SANTA ROSA BEACH FL 32459

4444 W COUNTY RD 30-A
SANTA ROSA BEACH FL 32459

2. Principal Place of Business

95 LAURA HAMILTON BLVD

3. Mailing Address

95 LAURA HAMILTON BLVD

Suite, Apt. #, etc.

C-5

Suite, Apt. #, etc.

C-5

City & State

SANTA ROSA BEACH FL

City & State

SANTA ROSA BEACH FL

4. FEI Number

59-3589585

Applied For

Not Applicable

Zip

32459

Country

Zip

32459

Country

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

HALL, STEVEN K
HALL & RUNNELS, P.A.
36468 EMERALD COAST PARKWAY, BLDG 2,S-2201
DESTIN FL 32541

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ANDREWS, ANGUS G JR
STREET ADDRESS 4444 W COUNTY RD 30-A
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 95 LAURA HAMILTON BLVD UNIT C-5
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME ROOKIS, RICHARD J
STREET ADDRESS 4444 W COUNTY RD 30-A
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 95 LAURA HAMILTON BLVD UNIT C-5
CITY-ST-ZIP

TITLE STD ☒ Delete
NAME STEINER, JAMES R JR
STREET ADDRESS 506 HWY 98
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ Change ☒ Addition
NAME MICHELLE STEINER
STREET ADDRESS 337 CALHOUN AVE
CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ Delete
NAME ABBOTT, WILLIAM W R
STREET ADDRESS 506 HWY 98
CITY-ST-ZIP DESTIN FL 32541

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

TITLE D ☐ Delete
NAME ABBOTT, STEPHEN
STREET ADDRESS 506 HWY 98
CITY-ST-ZIP DESTIN FL 32541

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

TITLE D ☐ Delete
NAME VAN DIVER, CHARLES H III
STREET ADDRESS 506 HWY 98
CITY-ST-ZIP DESTIN FL 32541

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

Date

Daytime Phone #

CR2E034 (9/99)