

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90349 031 ***150.00

DOCUMENT # P99000051385

1. Entity Name
GULF PLACE TOWN CENTER, INC.



Principal Place of Business
**95 LAURA HAMILTON BLVD
C-5
SANTA ROSA BEACH FL 32459**

Mailing Address
**95 LAURA HAMILTON BLVD
C-5
SANTA ROSA BEACH FL 32459**



2. Principal Place of Business
7 TOWN CENTER LOOP

3. Mailing Address
7 TOWN CENTER LOOP

Suite, Apt. #, etc.
C-14

Suite, Apt. #, etc.
C14

☐ CHECK HERE IF MAKING CHANGES

City & State
SANTA ROSA BEACH, FL

City & State
SANTA ROSA BEACH, FL

4. FEI Number
59-3589585

Applied For
Not Applicable

Zip
32459

Country
U.S.

Zip
32459

Country
U.S.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ANDREWS, ANGUS G JR**
STREET ADDRESS **95 LAURA HAMILTON BLVD UNIT C-5**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **VD** ☐ Delete
NAME **ROOKIS, RICHARD J**
STREET ADDRESS **95 LAURA HAMILTON BLVD UNIT C-5**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **D** ☐ Delete
NAME **STEINER, MICHELLE**
STREET ADDRESS **337 CALHOUN AVE**
CITY-ST-ZIP **DESTIN FL 32541**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-03

Date

850.267.3400

Daytime Phone #

CR2E034 (10/02)