

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000051437**

1. Entity Name

GULF PLACE DEVELOPMENT COMPANY**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90067 023 ***150.00

Principal Place of Business

**95 LAURA HAMILTON BLVD
UNIT C-5
SANT ROSA BEACH FL 32457**

Mailing Address

**95 LAURA HAMILTON BLVD
UNIT C-5
SANT ROSA BEACH FL 32457**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3584594**

Applied For

Not Applicable

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
36468 EMERALD COAST PARKWAY, BLDG 2,S-220A
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D** ☐ Delete
NAME **ANDREWS, ANGUS G JR**
STREET ADDRESS **95 LAURA HAMILTON BLVD UNIT C-5**
CITY-ST-ZIP **SANTA ROSA FL 32459**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **ABBOTT, WILLIAM W JR**
STREET ADDRESS **506 HWY 98**
CITY-ST-ZIP **DESTIN FL 32541**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ABBOTT, STEPHEN**
STREET ADDRESS **506 HWY 98**
CITY-ST-ZIP **DESTIN FL 32541**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **STEINER, MICHELLE**
STREET ADDRESS **337 CALHOUN AVE**
CITY-ST-ZIP **DESTIN FL 32541**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **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-ZIPTITLE **VD** ☐ Delete
NAME **ROOKIS, RICHARD J**
STREET ADDRESS **4444 W HWY 30-A**
CITY-ST-ZIP **SANTA ROSA FL 32459**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 (10/00)