

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

01-27-2003 90520 034 ***150.00

DOCUMENT # P99000051437

1. Entity Name
GULF PLACE DEVELOPMENT COMPANY



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

**7 TOWN CENTER LOOP
Suite, Apt. #, etc.
C14**

3. Mailing Address

**7 TOWN CENTER LOOP
Suite, Apt. #, etc.
C14**

City & State
SANTA ROSA BEACH FL

City & State
SANTA ROSA BEACH FL

Zip
32459

Country
US

Zip
32459

Country
US

4. FEI Number
59-3589594

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HALL, STEVEN K
36468 EMERALD COAST PARKWAY, BLDG 2,S-220A
DESTIN FL 32541**

7. Name and Address of New Registered Agent

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

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

(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

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, ANGUS G JR	
STREET ADDRESS	95 LAURA HAMILTON BLVD UNIT C-5	
CITY-ST-ZIP	SANTA ROSA FL 32459	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ABBOTT, WILLIAM W JR	
STREET ADDRESS	506 HWY 98	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABBOTT, STEPHEN	
STREET ADDRESS	506 HWY 98	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINER, MICHELLE	
STREET ADDRESS	337 CALHOUN AVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN DIVER, CHARLES H III	
STREET ADDRESS	506 HWY 98	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROOKIS, RICHARD J	
STREET ADDRESS	4444 W HWY 30-A	
CITY-ST-ZIP	SANTA ROSA FL 32459	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1-22-03 850-267-3400

CR2E034 (10/02)