

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060826

1. Entity Name

GULF COAST MORTGAGES OF SW FLORIDA, INC.

Principal Place of Business

5715 LONG COMMON CIRCLE  
SARASOTA FL 34235

Mailing Address

5715 LONG COMMON CIRCLE  
SARASOTA FL 34235-2425

2. Principal Place of Business

4975 RINGWOOD MEADOW

3. Mailing Address

4975 RINGWOOD MEADOW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SARASOTA, FL

City & State  
SARASOTA, FL

Zip  
34235

Country  
USA

Zip  
34235

Country  
USA

4. FEI Number

☒ 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

DENHAM, LILL  
5715 LONG COMMON CIRCLE  
SARASOTA FL 34235

Name  
DENHAM, LILL

Street Address (P.O. Box Number is Not Acceptable)  
4975 RINGWOOD MEADOW

City  
SARASOTA FL Zip Code  
34235

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

*Lillian Marie Denham*  
Signature of person or persons named in registered office or agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

4-27-2000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KNIGHT, JOSEPH R  
5715 LONG COMMON CIRCLE  
SARASOTA FL 34235 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KNIGHT, JOSEPH R.  
4975 RINGWOOD MEADOW  
SARASOTA, FL 34235 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

*Joseph R. Knight*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000

941-378-1356

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

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

05-01-2000 90430 044 \*\*\*150.00