

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90056 003 \*\*\*150.00

0403679

**DOCUMENT # P99000080663**

1. Entity Name

**GULF ATLANTIC MORTGAGE OF THE SUNCOAST, INC.**

Principal Place of Business

**1509 -53RD AVE W.  
 STE 200  
 BRADENTON FL 34207**

Mailing Address

**1509 -53RD AVE W.  
 STE 200  
 BRADENTON FL 34207**

**941790**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0945069**

Applied For

Not Applicable

Zip

Country

Zip

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

**STEPHEN F. VOIGHT, P.A.  
 2414 BEE RIDGE RD  
 SARASOTA FL 34239**

Name **Daniel Prewett**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5777 Beneva Rd So**  
 City **Sarasota** FL Zip Code **34233**

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 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 ☐ Delete  
 NAME **KP THOMAS, JODI L**  
 STREET ADDRESS **6603 CONETTA DR5**  
 CITY-ST-ZIP **SARASOTA FL 34243**

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

TITLE ☐ Delete  
 NAME **VS LEWIS, GARY**  
 STREET ADDRESS **1508 -18TH AVE W**  
 CITY-ST-ZIP **PALMETTO FL 34221**

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

TITLE ☐ Delete  
 NAME **VS CISLO, ALICE**  
 STREET ADDRESS **15047 ALTMAN RD**  
 CITY-ST-ZIP **MYAKKA CITY FL 34251**

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

TITLE ☐ Delete  
 NAME **VS ALLISON, GEOFFREY**  
 STREET ADDRESS **1184 LENA LN**  
 CITY-ST-ZIP **SARASOTA FL 34240**

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

TITLE ☐ Delete  
 NAME **VS FENTON, SEAN**  
 STREET ADDRESS **1404 -63RD ST NW**  
 CITY-ST-ZIP **BRADENTON FL 34209**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)