

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086247

1. Entity Name

GULFSTAR FUNDING, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90112 032 \*\*\*150.00

Principal Place of Business

Mailing Address

2240 BELLEAIR ROAD #160  
CLEARWATER FL 33764

2240 BELLEAIR ROAD #160  
CLEARWATER FL 33764-1703

2. Principal Place of Business

801 WEST BAY DRIVE  
Suite, Apt. #, etc. 411

3. Mailing Address

801 WEST BAY DR  
Suite, Apt. #, etc. 411



DO NOT WRITE IN THIS SPACE

City & State

LARGO FLORIDA

City & State

LARGO FLORIDA

4. FEI Number

59-3602135

Applied For

Not Applicable

Zip 33770

Country

USA

Zip

33770

Country

USA

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

O'CONNOR, PATRICK M ESQ.  
C/O PATEL & O'CONNOR, P.A.  
2240 BELLEAIR ROAD #160  
CLEARWATER FL 33764

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, 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 D  
NAME TROYAN, GARY R  
STREET ADDRESS 2240 BELLEAIR ROAD #160  
CITY-ST-ZIP CLEARWATER FL 33764 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 801 WEST BAY DRIVE #411  
CITY-ST-ZIP LARGO, FLORIDA 33770

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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: GARY R. TROYAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00 (727) 518-2220  
Date Daytime Phone #

CR2E034 (9/99)