

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097261

1. Entity Name

GULF DEVELOPMENT MANAGEMENT, INC.

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90003 026 ***550.00

Principal Place of Business
12327 Honeysuckle Rd
~~11595 KELLEY ROAD STE 222~~
FT MYERS FL ~~33908~~ **33912**

Mailing Address
12327 Honeysuckle Rd
~~11595 KELLEY ROAD STE 222~~
FT MYERS FL ~~33908-2509~~ **33912**

2. Principal Place of Business
~~11595 KELLEY ROAD~~

3. Mailing Address
~~11595 KELLEY ROAD~~

Suite, Apt. #, etc.
~~STE 222~~

Suite, Apt. #, etc.
~~STE 222~~

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

4. FEI Number
65-0965649 /

Applied For
Not Applicable

Zip
33908 12

Country
USA

Zip
33908

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 re-registering)

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JEFFREY J. KEIM
12327 HONEYSUCKLE ROAD
FORT MYERS, FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY/TREASURER
KAREN EADES
1021 NW 8TH TERRACE
CAPE CORAL, FL 33993**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary/Treasurer
GINNY BROOKS
15108 PORTS OF TARA
FT. MYERS FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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

Jeffery J Keim

7-7-00

941-274-5590

Date

Daytime Phone #

CR2F034 (9/99)