

# 2002 UNIFORM BUSINESS REPORT (UBR)

0441456 AV

DOCUMENT # P99000102821

1. Entity Name

GILCHRIST EXECUTIVE RETREAT AND CONFERENCE CENTRE, INC.

FILED

02 APR 11 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

360 CENTRAL AVE  
ST PETERSBURG FL 33701

Mailing Address

360 CENTRAL AVE  
ST PETERSBURG FL 33701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3610328

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DELANO, G. KRISTIN~~

360 CENTRAL AVE  
ST PETERSBURG FL 33701

Name

David B. Snyder

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

360 Central Ave.

City

St. Petersburg

FL

Zip Code  
33701

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 type, if applicable.

David B. Snyder, Esq.

3/15/02

(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, 2002 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 ☐ Delete  
NAME MENKE, ROBERT M  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE AS ☐ Change ☒ Addition  
NAME Haire, Nancy C.  
STREET ADDRESS 360 Central Ave.  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE DCP ☐ Delete  
NAME MEEHAN, DAVID K  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE S, VP ☐ Change ☒ Addition  
NAME Snyder, David B.  
STREET ADDRESS 360 Central Ave.  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE DV ☒ Delete  
NAME MENKE, ROBERT G  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE AS ☐ Change ☒ Addition  
NAME Southey, Robert G.  
STREET ADDRESS 360 Central Ave.  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE DT ☐ Delete  
NAME HUSSEMAN, EDWIN C  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE SVP ☐ Change ☒ Addition  
NAME Lassiter, Richard W. Jr.  
STREET ADDRESS 360 Central Ave.  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE DS ☒ Delete  
NAME DELANO, G. KRISTIN  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☐ Change ☐ Addition  
NAME **900005389789-9**  
STREET ADDRESS **-04/30/02--01020--001**  
CITY-ST-ZIP **\*\*\*7972.75 \*\*\*\*150.00**

TITLE SVP ☐ Delete  
NAME BRUBAKER, RICHARD M  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST PETERSBURG FL 33701

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:

*Nancy C. Haire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy C. Haire 3/15/02 727 823-4000

Assistant Secretary

Daytime Phone #

CR2E034 (9/01)