

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2000 90493 004 ***158.75

DOCUMENT # P99000104203

1. Entity Name
~~GHA ST. CHARLES ISLAND, INC.~~ **NAME CHANGED TO:**
GHA ESTUARY, INC.

Principal Place of Business Mailing Address
GRAND HARBOR BOULEVARD **2121 GRAND HARBOR BOULEVARD**
BEACH FL 32967 **VERO BEACH FL 32967**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. St. **3755 7th Terrace**
 City & State Cit. **Suite 301**
Vero Beach, FL 32960
 Zip Country Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0973436** Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HENN, PETER J
2121 GRAND HARBOR BOULEVARD
VERO BEACH FL 32967

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D HENN, PETER J	2121 GRAND HARBOR BOULEVARD	VERO BEACH FL 32967	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D STORETVEDT, J P	2121 GRAND HARBOR BLVD	VERO BEACH, FL 32967	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	VP CAVOTO, ROBERT	2121 GRAND HARBOR BLVD	VERO BEACH, FL 32967	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	VP/T BYRNE, SUE C.	2121 GRAND HARBOR BLVD	VERO BEACH, FL 32967	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	VP/S DALTON, DAWN M.	2121 GRAND HARBOR BLVD	VERO BEACH, FL 32967	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Dawn M. Dalton**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 **561-778-0180**
 Date Daytime Phone #

CR2E034 (9/99)