

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109768

1. Entity Name

GULF ATLANTIC TRUST, INC.

Principal Place of Business

1249 N. ORANGE AVENUE
ORLANDO FL 32804

Mailing Address

1249 N. ORANGE AVENUE
ORLANDO FL 32804

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 59-3614881

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARRETT, JOHN E
1249 N. ORANGE AVENUE
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name Armstrong, Janice
Street Address (P.O. Box Number is Not Acceptable)
1249 N ORANGE AVE
City Orlando FL Zip Code 32804

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	PSTD	<input type="checkbox"/> Delete
NAME	PARRETT, JOHN E	
STREET ADDRESS	1249 N. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WALKER, JOEL	
STREET ADDRESS	4508 W. KENNEDY BLVD.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VARGAS, DANNY	
STREET ADDRESS	4508 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	V	<input type="checkbox"/> Delete
NAME	HELMING, ROB	
STREET ADDRESS	4508 W KENNEDY BLVD 1249 N ORANGE AVE	
CITY-ST-ZIP	TAMPA FL 33609 ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMING, ROB	
STREET ADDRESS	1249 N ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	HELMING, MARK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1249 N ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/01 407 422 1000
Date Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90396 006 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)