2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State **DOCUMENT # S07208** 1. Entity Name GULF BREEZE DEVELOPMENT CO. 05-03-2001 90049 028 ***150.00 Principal Place of Business Mailing Address 1219 OSCEOLA DRIVE 1219 OSCEOLA DRIVE BOX 061487 BOX 061487 FT. MYERS FL 33906 FT. MYERS FL 33906 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0227726 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WITTMAN, EDWAIN-J Street Address (P.O. Box Number is Not Acceptable) 1219 OSCEOLA DR FT. MYERS FL 33901 City Zip Code 6. 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE Delete TITLE WITTMAN, KATHLEEN A NAME NAME 1219 OSCEOLA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF FT. MYERS FL Oelete ☐ Addition LANDIS, STANLEY B NAME MARKE 1633 ARDMORE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZP FT MYERS FL CITY-ST-7IP TITL F Delete TITLE ☐ Change ☐ Addition WITTMAN, EDWIN J NAME NAME 1219 OSCEOLA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33901 THILE Delete ☐ Addition WITTMAN, CHRISTOPHER J NAME MALIE 1219 OSCEOLA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33901 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Colete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

EDWIN J. WITMAN