

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S07208**

1. Entity Name
GULF BREEZE DEVELOPMENT CO.

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90236 032 ***150.00

Principal Place of Business
**1219 OSCEOLA DRIVE
BOX 061487
FT. MYERS FL 33906**

Mailing Address
**1219 OSCEOLA DRIVE
BOX 061487
FT. MYERS FL 33906**

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
65-0227726

Applied For
Not Applicable

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

**WITTMAN, EDWIN J
1219 OSCEOLA DR
FT. MYERS FL 33901**

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, 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

T
WITTMAN, KATHLEEN A
1219 OSCEOLA DR.
FT. MYERS FL ☐ Delete

TV
WITTMAN, KATHLEEN A
1219 OSCEOLA DR
FT. MYERS FL 33901 ☒ Change ☐ Addition

V
LANDIS, STANLEY B
1633 ARDMORE RD.
FT MYERS FL ☒ Delete

☐ Change ☐ Addition

DP
WITTMAN, EDWIN J
1219 OSCEOLA DR
FT MYERS FL 33901 ☐ Delete

☐ Change ☐ Addition

DS
WITTMAN, CHRISTOPHER J
1219 OSCEOLA DR
FT MYERS FL 33901 ☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/2002

229-3441

CR2E034 (9/01)