

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S92941

1. Entity Name

GULF CITY ESTATES, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90039 030 ***150.00

Principal Place of Business

111 MADISON STREET
23RD FLOOR
TAMPA FL 33602

Mailing Address

111 MADISON STREET
23RD FLOOR
TAMPA FL 33602

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

REYNOLDS, STEPHEN H.
400 N. TAMPA ST
TAMPA FL 33602

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's 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
ELSBERRY, ROSS
6203 US 41 NORTH
RUSKIN FL 33572 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ELSBERRY, TERRY
6203 US 41 NORTH
RUSKIN FL 33572 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
ELSBERRY, BRUCE
6203 US 41 NORTH
RUSKIN FL 33572 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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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, within other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce Elsberry

Date

Daytime Phone #

May 20, 2001, 1-813-645-4480

CR2E034 (10/00)