

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V03447**

1. Entity Name  
**GULF SANDS BEACH RESORT, INC.**

Principal Place of Business

**3 SEASIDE LANE #302  
BELLEAIR FL 33756  
US**

Mailing Address

**3 SEASIDE LANE #302  
BELLEAIR FL 33756  
US**

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

**PEACOCK, RAY  
655 GULFVIEW BLVD.  
CLEARWATER FL 34630**

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, 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

TITLE **D** ☐ Delete  
NAME **WAKELY, FRANCES**  
STREET ADDRESS **3 SEASIDE LANE #302**  
CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE **PD** ☐ Delete  
NAME **WAKELY, DAVID N**  
STREET ADDRESS **3 SEASIDE LANE #302**  
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE **SD** ☐ Delete  
NAME **GOLLON, WARREN**  
STREET ADDRESS **3446 LAKEPOINT RD**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **D** ☐ Delete  
NAME **MALKE, ROBERT**  
STREET ADDRESS **316 BLUFFVIEW DR**  
CITY-ST-ZIP **BELLEAIR BLUFFS FL**

TITLE **D** ☐ Delete  
NAME **WHITNEY, GEORGE**  
STREET ADDRESS **796 NINA DR**  
CITY-ST-ZIP **TERRA VERDE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

*Signature of Frances Wakely*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 09, 2002 8:00 am**  
**Secretary of State**

01-09-2002 90018 046 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)