

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90383 045 \*\*\*150.00

0464282

**DOCUMENT # V25136**

1. Entity Name  
**GILMORE RESORTS, INC.**

Principal Place of Business  
**15811 FRONT BEACH ROAD  
 PANAMA CITY BEACH FL 32413**

Mailing Address  
**15811 FRONT BCH RD  
 PANAMA CITY BEACH FL 32413  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3124620**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GILMORE, LORRAINE M.  
 15811 FRONT BEACH ROAD  
 PANAMA CITY BEACH FL 32413**

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 \_\_\_\_\_ (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 **D**  Delete  
 NAME **GILMORE, LORRAINE M.**  
 STREET ADDRESS **15811 FRONT BEACH ROAD**  
 CITY-ST-ZIP **PANAMA CITY BCH FL**

TITLE **SECRETARY**  Change  Addition  
 NAME **LORRAINE GILMORE**  
 STREET ADDRESS **15811 FRONT BEACH RD.**  
 CITY-ST-ZIP **PANAMA CITY BEACH, FL. 32413**

TITLE **P**  Delete  
 NAME **GILMORE, DOUGLAS E.**  
 STREET ADDRESS **15811 FRONT BEACH ROAD**  
 CITY-ST-ZIP **PANAMA CITY BCH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **SCHOPPE, TRACY**  
 STREET ADDRESS **15811 FRONT BCH RD**  
 CITY-ST-ZIP **PANAMA CITY FL**

TITLE **VICE PRESIDENT**  Change  Addition  
 NAME **TRACY SCHOPPE**  
 STREET ADDRESS **15811 FRONT BEACH RD.**  
 CITY-ST-ZIP **PANAMA CITY BEACH, FL. 32413**

TITLE **D**  Delete  
 NAME **GILMORE, SUZANNE**  
 STREET ADDRESS **15811 FRONT BCH RD**  
 CITY-ST-ZIP **PANAMA CITY BCH FL**

TITLE **VICE PRESIDENT**  Change  Addition  
 NAME **SUZANNE GILMORE**  
 STREET ADDRESS **15811 FRONT BEACH RD.**  
 CITY-ST-ZIP **PANAMA CITY BEACH, FL. 32413**

TITLE **D**  Delete  
 NAME **MINER, WILLIAM I**  
 STREET ADDRESS **15811 FRONT BEACH ROAD**  
 CITY-ST-ZIP **PANAMA CITY BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **LORRAINE M. GILMORE** *Lorraine Gilmore* **3-26-01** **850/234-6601**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)