

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 328583**

1. Entity Name  
**GULF FLORIDA LAND CORPORATION**

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90010 025 \*\*\*150.00

Principal Place of Business <b>207 ATKINS RD. GEORGETOWN FL 32139 US</b>	Mailing Address <b>P O BOX 327 GEORGETOWN FL 32139-0327 US</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-1215796</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**6. Name and Address of Current Registered Agent**

**ATKINS, WYMAN  
207 ATKINS ROAD  
GEORGETOWN FL 32139**

**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, 2000 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: <b>P</b>	<input type="checkbox"/> Delete
NAME: <b>ATKINS, WYMAN</b>	
STREET ADDRESS: <b>207 ATKINS RD</b>	
CITY-ST-ZIP: <b>GEORGETOWN FL</b>	
TITLE: <b>VS</b>	<input type="checkbox"/> Delete
NAME: <b>ATKINS, ROSA L.</b>	
STREET ADDRESS: <b>207 ATKINS RD.</b>	
CITY-ST-ZIP: <b>GEORGETOWN FL</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	
STREET ADDRESS _____	
CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)