

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0039803

DOCUMENT # 713894

1. Entity Name

GOLD KEY CLUB, INC.



FILED

03 MAY -1 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

10034 W. MCNAB RD.
TAMARAC FL 33321

Mailing Address

10034 W. MCNAB RD.
TAMARAC FL 33321

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 59-1514608

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

MILES, JAMES R
CONSOLIDATED COMMUNITY MGMT.
10034 W. MCNAB RD.
TAMARAC FL 33321

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GAHRING, DEBRA
STREET ADDRESS 10034 W. MCNAB RD.
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100017847911
CITY-ST-ZIP 05/01/03--01087--020 **\$61.25

TITLE VD
NAME MARTIN, BRAD
STREET ADDRESS 10034 W. MCNAB RD.
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

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

TITLE TD
NAME SORENSON, EVA
STREET ADDRESS 10034 W. MCNAB RD.
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

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

TITLE SD
NAME ERICKSON, ANNA
STREET ADDRESS 10034 W. MCNAB RD.
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

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

TITLE D
NAME DE GIJO, MICKI
STREET ADDRESS 10034 W. MCNAB RD.
CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE DEBRA GAHRING

3/28/03

954

572-2018

CR2E037 (10/02)