2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State
02-06-2002 90010 008 ****70.00

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DOCUMENT # 719233

1. Entity Name

THE GOLD COAST CHAPTER, INC. OF THE DOOR AND HARDWARE INSTITUTE

Principal Place of Business	Mailing Address
C/O JOE NUNN 7521 SW 28TH ST DAVIE FL 33314 US	C/O JOE NUNN 7521 SW 28 ST DAVIE FL 33314 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O BILL SPRIGG	C/O BILL SPRIGG
Suite, Apt. #, etc.: 6351 N.W. 28th WAY, SUITE A	Suite, Apt. #, etc.: 6351 N.W. 28th WAY, SUITE A
City & State: FT. LAUDERDALE, FL.	City & State: FT. LAUDERDALE, FL.
Zip: 33309 Country: U.S.A.	Zip: 33309 Country: U.S.A.

4. FEI Number NOT APPLICABLE ☐ 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
MARKO, EDWARD J., ESQ. MARKO & STEPHANY 1401 E. BROWARD BLVD., STE. 201 FORT LAUDERDALE FL 33301	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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BELL, JAMES 1850 NE 146 ST NO MIAMI FL 33181	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STALCUP, JOHN 6351 N.W. 28th WAY, SUITE A FT. LAUDERDALE, FL. 33309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLEARY, JACK 4724 NE 16 AVE FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SPRIGG, BILL 6351 N.W. 28th WAY, SUITE A FT. LAUDERDALE, FL. 33309	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THACKER, KORA 5700 NW 60 PLACE PARKLAND FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NUNN, JOE 7521 SW 28 ST DAVIE FL 33314	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED 1/17/02 954-978-2388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #