

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90433 006 \*\*\*\*61.25

**DOCUMENT # 719233**

1. Entity Name

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



Principal Place of Business

**C/OBILL SPRIGG  
6351 N.W. 28TH WAY STE A  
FORT LAUDERDALE FL 33309  
US**

Mailing Address

**C/OBILL SPRIGG  
6351 N.W. 28TH WAY STE A  
FORT LAUDERDALE FL 33309  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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. 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 **PO** ☐ Delete  
NAME **STALLCUP, JOHN**  
STREET ADDRESS **6351 N.W. 28TH WAY, STE A**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

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

TITLE **VD** ☒ Delete  
NAME **CLEARY, JACK**  
STREET ADDRESS **4724 NE 16 AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☒ Change ☐ Addition  
NAME **Richard Stone**  
STREET ADDRESS **6921 SW 16 St**  
CITY-ST-ZIP **Pembroke Pines, FL 33023**

TITLE **SD** ☒ Delete  
NAME **THACKER, KORA**  
STREET ADDRESS **5700 NW 60 PLACE**  
CITY-ST-ZIP **PARKLAND FL 33067**

TITLE ☒ Change ☐ Addition  
NAME **IVES PAYEN**  
STREET ADDRESS **2000 NW 190 AVE.**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE **TD** ☐ Delete  
NAME **SPRIGG, BILL**  
STREET ADDRESS **6351 N.W. 28TH WAY, STE A**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

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

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 REQUIRED**

**WILLIAM L. SPRIGG II**

**2-5-03**

**954-978-2388**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E037 (10/02)