## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED **DOCUMENT # 755633** Mar 08, 2000 8:00 am 1. Entity Name **Secretary of State** GOLD COAST RADIO CONTROLLERS, INC. 03-08-2000 90055 018 \*\*\*\*61.25 Principal Place of Business Mailing Address POST OFFICE BOX 273331 10981-B LADERA LN **BOCA RATON FL 33498** BOCA RATON FL 33427-3331 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2134273 Not Applicable Zip Country \$8.75 Additional Country 6.-Certificate of Status Desired:— Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KESSEL, SYLVAN 5032 - B PRIVET PLACE DELRAY BEACH FL 33484 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition ☐ Delete TITLE TITLE NAME NAME SLAIGHT, HANK STREET ADDRESS STREET ADDRESS 1000 N.W. 15 AVENUE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33438** PRS Change Deteter ☐ Addition TITLE TAY- EICHLER WRIGHT, SKIR NAME NAME 1060 5. W 2NDST STREET ADDRESS STREET ADDRESS 1421\_NE-48BD:GT BOCA RATON FL. 33486 CITY-ST-ZIP CITY-ST-719 POMPANO BCH FL SOCARRAS Change BLADERA LANE RATON FL 33498 RICK SOCARRAS Addition TITLE VP ☐ Delete TITLE NAME SUPPES, RICHARD NAME STREET ADDRESS STREET ADDRESS 342 NW 42ND ST CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME KESSEL, SYLVAN STREET ADDRESS STREET ADDRESS **5032 PRIVET PLACE** CITY-ST-ZIP CITY-ST-ZIP **DELRAY BCH FL 33484** ☐ Change ☐ Addition TITLE TITLE Delete HYDE, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 22309 TIMBERLY DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Delete TITLE ☐ Change Addition | NAME DRUCKER, AL NAME STREET ADDRESS 8085 SOMMERVIEW TR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** 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