

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90139 019 \*\*\*\*61.25

**DOCUMENT # 755633**

1. Entity Name

**GOLD COAST RADIO CONTROLLERS, INC.**

Principal Place of Business

Mailing Address

10981-B LADERA LN  
 BOCA RATON FL 33498  
 US

POST OFFICE BOX 273331  
 BOCA RATON FL 33427  
 US

*BOOK 2729*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2134273**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KESSEL, SYLVAN**  
**5032 - B PRIVET PLACE**  
**DELRAY BEACH FL 33484**

Name **RICK SOCARRAS**

Street Address (P.O. Box Number is Not Acceptable)  
**10981-B LADERA LANE**

City **BOCA RATON** FL Zip Code **33498**

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]* **Rick Socarras**

**Jan. 05, 2001**

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 **D**  Delete  
 NAME **SLAIGHT, HANK**  
 STREET ADDRESS **1000 N.W. 15 AVENUE**  
 CITY-ST-ZIP **BOCA RATON FL 33438**

TITLE **D**  Change  Addition  
 NAME **KRAFT, ERNIE**  
 STREET ADDRESS **309 SW 3RD ST**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **P**  Delete  
 NAME **EICHLER, JAY**  
 STREET ADDRESS **1060 SW 2ND ST**  
 CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **D**  Change  Addition  
 NAME **WRIGHT, SKIP**  
 STREET ADDRESS **1421 NE 29TH ST.**  
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **VP**  Delete  
 NAME **SUPPES, RICHARD**  
 STREET ADDRESS **342 NW 42ND ST**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **KESSEL, SYLVAN**  
 STREET ADDRESS **5032 PRIVET PLACE**  
 CITY-ST-ZIP **DELRAY BCH FL 33484**

TITLE **T**  Change  Addition  
 NAME **SOCARRAS, RICK**  
 STREET ADDRESS **10981-B LADERA LANE**  
 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **D**  Delete  
 NAME **HYDE, JAMES**  
 STREET ADDRESS **22309 TIMBERLY DRIVE**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **S**  Change  Addition  
 NAME **CHRISTIANSEN, ED**  
 STREET ADDRESS **4763 NW 50TH CT**  
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **D**  Delete  
 NAME **DRUCKER, AL**  
 STREET ADDRESS **8085 SOMMERVIEW TR.**  
 CITY-ST-ZIP **BOCA RATON FL**

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/00 561 391-7833**

Date

Daytime Phone #

CR2E037 (10/00)