

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90112 040 \*\*\*\*61.25

**DOCUMENT # N03398**

1. Entity Name

**GOLD COAST AMATEUR RADIO ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% RITCHIE, CHARLES D.  
 4224 NW 4TH AVE  
 BOCA RATON FL 33431

% RITCHIE, CHARLES D.  
 4224 NW 4TH AVE  
 BOCA RATON FL 33431

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RITCHIE, CHARLES D.  
 4224 NW 4TH AVE  
 BOCA RATON FL 33431

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 PD  Delete  
 NAME CRAY, DUNCAN P  
 STREET ADDRESS 5108 N.E. 3RD TERRACE  
 CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME DE MARS, FRANK  
 STREET ADDRESS 1616 POINSETTA DR.  
 CITY-ST-ZIP FT. LAUDERDALE FL

TITLE  Change  Addition  
 NAME Erich Bampertz, V.D.  
 STREET ADDRESS 941 S. W 70th Ave  
 CITY-ST-ZIP Plantation, FL 33317

TITLE SD  Delete  
 NAME KRAMER, SCOTT R  
 STREET ADDRESS 6195 ROCK ISLAND ROAD  
 CITY-ST-ZIP TAMARAC FL 33319

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

TITLE TD  Delete  
 NAME MASON, EDGAR  
 STREET ADDRESS 6108 N.W. 8TH STREET  
 CITY-ST-ZIP MARGATE FL 33063-4508

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 P. CRAY

01-23-01 954-771-3170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)