

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90052 042 \*\*\*\*61.25

**DOCUMENT # N11222**

1. Entity Name

**GULF COAST ASSOCIATION OF GOVERNMENTAL PURCHASIN**

Principal Place of Business

Mailing Address

C/O PARTICK M WOODS  
 3710 ESTEY AVENUE  
 NAPLES FL 34104  
 US

C/O CHERI J. ALEXANDER, CPPB  
 2440 THOMPSON STREET  
 FT MYERS FL 33901-3070



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

**59-2785131**

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

**WOODS, PATRICK M**  
**COLLIER COUNTY PUBLIC SCHOOLS**  
**3710 ESTEY AVENUE**  
**NAPLES FL 34104**

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 **VD**  Delete  
 NAME **SMITH, CAROLE**  
 STREET ADDRESS **18500 MURDOCK CIR**  
 CITY-ST-ZIP **PT CHARLOTTE FL 33948-1094**

TITLE  Change  Additor  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **ALEXANDER, CHERI C**  
 STREET ADDRESS **2440 THOMPSON STREET**  
 CITY-ST-ZIP **FT MYERS FL 33901**

TITLE  Change  Additor  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **LANZIOLOTTA, GINA**  
 STREET ADDRESS **P. O. BOX 150027**  
 CITY-ST-ZIP **CAPE CORAL FL 33915-0027**

TITLE  Change  Additor  
 NAME **Lescrynski, Roger**  
 STREET ADDRESS **5650 North Port Blvd North Port, Fl 3428**  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Additor  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Additor  
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TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Additor  
 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:

*Gina Lanzio* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #