

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90208 009 ****69.00

DOCUMENT #

N43016

1. Entity Name

GOLD COAST ALL BIRD CLUB

Principal Place of Business	Mailing Address
P.O. BOX 101164 FORT LAUDERDALE, FL 33310	P.O. BOX 101164 FORT LAUDERDALE, FL 33310

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
65-0257338	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ERICH SCHILLING
 1890 SW 37 TERRACE
 FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

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: *Erich Schilling* ERICH SCHILLING DATE: 4/21/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ERICH SCHILLING	
STREET ADDRESS	1890 SW 37 TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KEVIN STONE	
STREET ADDRESS	1759 SW 81 ST TERRACE	
CITY-ST-ZIP	DAVIE, FL 33324	
TITLE	T	<input type="checkbox"/> Delete
NAME	LISA RISUT (RISUT)	
STREET ADDRESS	818 NW 9 AVENUE	
CITY-ST-ZIP	DANIA, FL 33004	
TITLE	MS	<input type="checkbox"/> Delete
NAME	ROCHELLE SCHWALB	
STREET ADDRESS	7300 SW 9 TH COURT	
CITY-ST-ZIP	PLANTATION, FL 33317	
TITLE	SAD SARGENT @ ARMS	<input type="checkbox"/> Delete
NAME	ROY BERGMAN	
STREET ADDRESS	905 SW 21 STREET	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BOARD MEMBERS @ LARGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIANE VENTO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	250 NW 70 TH WAY	
STREET ADDRESS	HOLLYWOOD, FL 33024	
CITY-ST-ZIP		
TITLE	ROCHELLE SCHWALB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	7300 SW 9 COURT	
STREET ADDRESS	PLANTATION, FL 33317	
CITY-ST-ZIP		
TITLE	MARLANA WEIN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2800 N. 46 TH AVENUE	
STREET ADDRESS	HOLLYWOOD, FL 33021	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Erich Schilling* ERICH SCHILLING DATE: 4/21/00 (954) 247-3319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRZE037 (9/99)