

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90092 025 ****61.25

DOCUMENT # N96000001589

1. Entity Name

FLORIDA GULF COAST CHAPTER, INC.

Principal Place of Business
2805-54th AVE No
~~5989 HAINES ROAD~~
ST. PETERSBURG FL 33714 - 2414

Mailing Address
2805-54th AVE No
~~5989 HAINES ROAD~~
ST. PETERSBURG FL 33714-1499 2414

907226



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

65-0784790

Applied For.

Not Applied For.

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ROSENKRANS, JAMILOU
~~5989 HAINES ROAD~~ **2805-54th AVE No.**
ST. PETERSBURG FL 33714

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 **THEOBALD, JOHN**
STREET ADDRESS **5989 HAINES RD**
CITY-ST-ZIP **ST PETERSBURG FL 33714**

TITLE **PD** ☒ Change ☐ Additor
NAME **TOM Rountree**
STREET ADDRESS **2805-54th AVE No.**
CITY-ST-ZIP **ST. Pete FL 33714-2414**

TITLE **VD** ☒ Delete
NAME **SLICK, DOUG**
STREET ADDRESS **5989 HAINES ROAD**
CITY-ST-ZIP **ST. PETERSBURG FL 33714**

TITLE **VD** ☒ Change ☐ Additor
NAME **DON Koppin**
STREET ADDRESS **2805-54th AVE No**
CITY-ST-ZIP **ST. Pete FL 33714-2414**

TITLE **SD** ☒ Delete
NAME **MCAHON, EVI**
STREET ADDRESS **5989 HAINES RD**
CITY-ST-ZIP **ST PETERSBURG FL 33714**

TITLE **SD** ☒ Change ☐ Additor
NAME **ELAYNE Turner**
STREET ADDRESS **2805-54th AVE No**
CITY-ST-ZIP **ST. Pete FL 33714-2414**

TITLE **TD** ☐ Delete
NAME **KOPPIN, VALERIE**
STREET ADDRESS ~~5989 HAINES ROAD~~ **2805-54th AVE No.**
CITY-ST-ZIP **ST. PETERSBURG FL 33714**

TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 Jan 00 (727) 539-8448
Date Daytime Phone #