

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0053736

DOCUMENT # N98000004156

1. Entity Name

GULF COAST R/C CAR CLUB, INC.



Principal Place of Business

**2960 70TH ST SW
NAPLES FL 34105
US**

Mailing Address

**2960 70TH ST SW
NAPLES FL 34105
US**

2. Principal Place of Business

489 Yellowbird Street

Suite, Apt. #, etc.

3. Mailing Address

489 Yellowbird Street

Suite, Apt. #, etc.

City & State

Marco Island, FL

City & State

Marco Island, FL

Zip

34145

Country

USA

Zip

34145

Country

USA

4. FEI Number **59-3523706**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BENFIELD, MARK
2960 70TH ST SW
NAPLES FL 34105**

7. Name and Address of New Registered Agent

Name

CHRIS FOWLER

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

489 YELLOWBIRD ST.

City

MARCO IS.

FL

Zip Code

34145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **BENFIELD, MARK**
STREET ADDRESS **2960 70TH ST SW**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **VD** ☐ Delete
NAME **SWEENEY, CHRIS**
STREET ADDRESS **1264 BAYPORT AVE**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **STD** ☒ Delete
NAME **RIMES, BOB**
STREET ADDRESS **1752 WELLESLETT CIRCLE, APT 1**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD CHRIS FOWLER** ☐ Change ☒ Addition
NAME **489 YELLOWBIRD ST**
STREET ADDRESS **MARCO ISLAND FL 34145**
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **Chris Sweeney**
STREET ADDRESS **1264 Bayport Ave**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **VO JEFF MATUREO** ☐ Change ☒ Addition
NAME **3230 7TH AVE NW**
STREET ADDRESS **NAPLES FL 34110**
CITY-ST-ZIP

TITLE **SD MARCEL VANBRABANT** ☐ Change ☒ Addition
NAME **2865 14TH AVE NE**
STREET ADDRESS **NAPLES FL 34120**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

CHRIS FOWLER

4-28-03

231-642-4842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)