

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

0072564

05-10-2001 90070 036 ****61.25

DOCUMENT # N99000006442

1. Entity Name

GULF COAST CENTRE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2180 IMMOKALEE RD
 SUITE 308
 NAPLES FL 34110

Mailing Address

2180 IMMOKALEE RD
 SUITE 308
 NAPLES FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3610133

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KLOHN, WILLIAM
3838 TAMiami TRAIL NORTH, SUITE 414
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name *Klohn, William*
 Street Address (P.O. Box Number is Not Acceptable) *2180 Immokalee Rd, #308*
 City *Naples FL* **FL** Zip Code *34110*

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]

William L. Klohn

4/23/01

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	D	<input type="checkbox"/> Delete
NAME	MCCUAN, W. PATRICK	
STREET ADDRESS	3838 TAMiami TRAIL NORTH, SUITE 414	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLOHN, WILLIAM	
STREET ADDRESS	3838 TAMiami TRAIL NORTH, SUITE 414	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSON, DENISE	
STREET ADDRESS	3838 TAMiami TRAIL NORTH, SUITE 414	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>McCuan, W. Patrick</i>	
STREET ADDRESS	<i>2180 Immokalee Rd, #308</i>	
CITY-ST-ZIP	<i>Naples FL 34110</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Klohn, William</i>	
STREET ADDRESS	<i>2180 Immokalee Rd, #308</i>	
CITY-ST-ZIP	<i>Naples FL 34110</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Larson, Denise</i>	
STREET ADDRESS	<i>2180 Immokalee Rd, #308</i>	
CITY-ST-ZIP	<i>Naples FL 34110</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(l), 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

Date

Daytime Phone #

4/23/01

CR2E037 (10/00)