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## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: \_

## Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P97000043471 GOLF COAST INVESTMENTS, INC. 04-28-2001 90067 006 \*\*\*158.75 Principal Place of Business Mailing Address 14 NEIGHBORHOOD CT 4 NEIGHBORHOOD CT BEDFORD NH 03110 BEDFORD NH 03110 NN042345 US 2. Principal Place of Business 3. Mailing Address ASPENI ANE ASPEN LANE Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3445390 BEDFURD BEDFORD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 03110 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KALTENBORN, SHARON Street Address (P.O. Box Number is Not Acceptable) **484 1ST AVE N** NAPLES FL 34102 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change TITLE ☐ Delete TITLE BOTHWELL, DAVID R NAME NAME 12 ASPEN LANE 14 NEIGHHOOD CT STREET ADDRESS STREET ADDRESS BEDFORD NH 03110 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE BOTHWELL, HELEN N NAME NAME 12 ASPEN LANE 14 NEIGHBORHOOD CT STREET ADDRESS STREET ADDRESS 03110 BEDFORD CITY-ST-ZIP CITY - ST - ZIP BEDFORD NH 03110 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.