

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11222

1. Entity Name

GULF COAST ASSOCIATION OF GOVERNMENTAL PURCHASIN

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90052 042 ****61.25

Principal Place of Business

Mailing Address

C/O PARTICK M WOODS
3710 ESTEY AVENUE
NAPLES FL 34104
US

C/O CHERI J. ALEXANDER, CPPB
2440 THOMPSON STREET
FT MYERS FL 33901-3070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2785131

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

WOODS, PATRICK M
COLLIER COUNTY PUBLIC SCHOOLS
3710 ESTEY AVENUE
NAPLES FL 34104

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

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 ☐ Delete
NAME **VD**
STREET ADDRESS **SMITH, CAROLE**
CITY-ST-ZIP **18500 MURDOCK CIR**
PT CHARLOTTE FL 33948-1094

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ALEXANDER, CHERI C**
CITY-ST-ZIP **2440 THOMPSON STREET**
FT MYERS FL 33901

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

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **LANZIOLOTTA, GINA**
CITY-ST-ZIP **P. O. BOX 150027**
CAPE CORAL FL 33915-0027

TITLE ☐ Change ☒ Add
NAME **T**
STREET ADDRESS **Lescrynski, Roger**
CITY-ST-ZIP **5650 North Port Blvd North Port, Fl 34287**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #