

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712596

1. Entity Name

GOLD COAST CHRISTIAN CAMP, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90063 004 ****61.25

Principal Place of Business

Mailing Address

7495 PARKLANE ROAD
LAKE WORTH FL 33467-6702

7495 PARKLANE ROAD
LAKE WORTH FL 33467-6702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1474258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

TWADDELL, TRACY D
7495 PARK LANE ROAD
LAKE WORTH FL 33467-6702

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOB BLAIR	
STREET ADDRESS	107 SW RIDGEDREST DR.	
CITY-ST-ZIP	PORT ST LUCIE FL 34953	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WRIGHT, PHYLLIS	
STREET ADDRESS	8395 DILLMAN RD.	
CITY-ST-ZIP	W. PALM BEACH FL 33304	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NEMETZ, RON	
STREET ADDRESS	1379 NE 37TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GARY JOHNSON	
STREET ADDRESS	9165 TALWAY CIR	
CITY-ST-ZIP	BOYNTON BCH FL 33437	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sandy Dillon	
STREET ADDRESS	115 W. COCONUT DR.	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Thacker	
STREET ADDRESS	3633 "D" Road	
CITY-ST-ZIP	Loxahatchee, FL 33470	
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)(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 #

4-12-2000

561-968-3136

CR2E037 (9/99)