

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002071

**Entity Name:** GULF COAST JUNIOR GOLF TOUR, INC.

**Current Principal Place of Business:**

1370 CREEKSIDE BLVD.  
NAPLES, FL 34108

**Current Mailing Address:**

P.O. BOX 112437  
NAPLES, FL 34108 US

**FEI Number:** 65-0477835

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ADAMCZYK, MARK E ESQ.  
1370 CREEKSIDE BLVD.  
NAPLES, FL 34108 US

*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:** MARK E. ADAMCZYK, ESQ.

05/18/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT/DIRECTOR  
Name            RADUNZ, ROBERT  
Address        8438 HOLLOW BROOK CIRCLE  
City-State-Zip: NAPLES FL 34119

Title            D  
Name            ADAMCZYK, MARK E. ADAMCZYK E  
Address        5644 TAVILLA CIRCLE  
                  SUITE #105  
City-State-Zip: NAPLES FL 34110

Title            DIRECTOR/TREASURER  
Name            BILLET, VAN  
Address        1370 CREEKSIDE BLVD.  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR/SECRETARY  
Name            FISHER, TERRI  
Address        1370 CREEKSIDE BLVD.  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR  
Name            JOHNSON, KEVIN  
Address        1370 CREEKSIDE BLVD.  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR  
Name            GREENBERG, PAUL  
Address        1370 CREEKSIDE BLVD.  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR  
Name            MANLEY, PAUL  
Address        1370 CREEKSIDE BLVD.  
City-State-Zip: NAPLES FL 34108

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT RADUNZ

PRESIDENT/DIRECTOR

05/18/2018

Electronic Signature of Signing Officer/Director Detail

Date