

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90088 005 ***150.00

DOCUMENT # 309802

1. Entity Name

GOLD COAST MILK VENDING COMPANY, INC.

Principal Place of Business

Mailing Address

298 OHIO ST
 WINTER PARK FL 32789-3507

298 OHIO ST
 WINTER PARK FL 32789-3507

2. Principal Place of Business

947 WEDGEWOOD DR.
 Suite, Apt. #, etc.

3. Mailing Address

947 WEDGEWOOD DR.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WINTER SPRINGS, FL

City & State
WINTER SPRINGS, FL

4. FEI Number **59-1200318**

Applied For
 Not Applicable

Zip **32708**

Country **SEMINOLE**

Zip **32708**

Country **SEMINOLE**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NIELSEN, G.A.
298 OHIO ST
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 Name **NIELSEN, G.A.**
 Street Address (P.O. Box Number is Not Acceptable) **947 WEDGEWOOD DR**
 City **WINTER SPRINGS** FL **32708**

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 *G.A. Nielsen*

(NOTE: Registered Agent signature required when reinstating) DATE **1-11-2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIELSEN, E.D. 298 OHIO STREET WINTER PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NEILSEN, GORDON A MR 298 OHIO STREET WINTER PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NIELSEN, A.R. 716 KELLY'S COVE OCOEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NIELSEN, S.E. (ASS'T) 734 LAUREL WAY CASSELBERRY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIELSEN, E.D. 947 WEDGEWOOD DR WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NIELSEN, GORDON A 947 WEDGEWOOD DR WINTER SPRINGS, FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *G.A. Nielsen* Sec. Term *1/11/00* 407-977-3642
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)