

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90182 040 ***150.00

DOCUMENT # 656025

1. Entity Name
GOLD COAST GROVES, INC.

Principal Place of Business
**1248 S. WEST 12TH ST
 BOCA RATON FL 33486**

Mailing Address
**PO BOX 6712
 WEST PALM BEACH FL 33405**



DO NOT WRITE IN THIS SPACE

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 **65-0030934**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RICCOBONO, LOUISE
 1248 S WEST 12TH ST
 BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **Joseph Kuharcik**
 Street Address (P.O. Box Number is Not Acceptable)
1211 The Plaza
 City **Singer Island** **FL** Zip Code **33404**

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 *Joseph Kuharcik* **Joseph Kuharcik** **1/28/01**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

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, 2002 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

TITLE	V	<input type="checkbox"/> Delete
NAME	RICCOBONO, MARIE	
STREET ADDRESS	1355 W PALMETTO PK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RICCOBONO, LOUISE	
STREET ADDRESS	1355 W PALMETTO PK RD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	RICCOBONO, SIMONE	
STREET ADDRESS	353 WINDTREE AVE	
CITY-ST-ZIP	THOUSAND OAKS CA	
TITLE	S	<input type="checkbox"/> Delete
NAME	BATUR, ANTOINETTE	
STREET ADDRESS	9615 COZYCRAFT AVE	
CITY-ST-ZIP	CHATSWORTH CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Boca Raton	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Riccobono, Simone	
STREET ADDRESS	741 West Tropical Way	
CITY-ST-ZIP	Plantation, FL 33317-3349	
TITLE	TVP	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

SIGNATURE:

S. Riccobono
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-02 205-484-3209
 Date Daytime Phone #

CR2E034 (9/01)