

**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

**4. FEI Number** **65-0030934**

Applied For  
 Not Applicable

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**

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

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

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>Boca Raton</b>	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Riccobono, SIMONE</b>	
STREET ADDRESS	<b>741 WEST TROPICAL WAY</b>	
CITY-ST-ZIP	<b>PLANTATION, FL 33317-3349</b>	
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* **S. Riccobono** **1-23-02** **905-484-3209**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)