

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90329 003 ***150.00

DOCUMENT # 656025

1. Entity Name
GOLD COAST GROVES, INC.



Principal Place of Business
**741 WEST TROPICAL WAY
PLANTATION FL 33317-3349**

Mailing Address
**741 WEST TROPICAL WAY
PLANTATION FL 33317-3349**



2. Principal Place of Business

3. Mailing Address

P.O. Box 4785

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Thousand Oaks, CA

4. FEI Number

65-0030934

Applied For

Not Applicable

Zip

Country

Zip

91359

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUHARCIKN, JOSEPH
1211 THE PLAZA
WEST PALM BEACH FL 33404**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Delete
NAME **RICCOBONO, MARIE**
STREET ADDRESS **1355 W PALMETTO PK RD**
CITY-ST-ZIP **BOCA RATON FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **RICCOBONO, SIMONE**
STREET ADDRESS **353 WINDTREE AVE**
CITY-ST-ZIP **THOUSAND OAKS CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **BATUR, ANTOINETTE**
STREET ADDRESS **9615 COZYCRAFT AVE**
CITY-ST-ZIP **CHATSORTH CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 607, 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 #

1-6-03 (203) 484-3209

CR2E034 (10/02)