

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 679439

1. Entity Name
GOLD COAST UTILITIES, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 13 AM 9: 02

Principal Place of Business
1006 FLOOD ST.
P.O. BOX 12143
FORT PIERCE FL 34979

Mailing Address
1006 FLOOD ST.
P.O. BOX 12143
FORT PIERCE FL 34979-2143
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2020089

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

MCCLURE, GARY W.
1006 FLOOD ROAD
FORT PIERCE FL 34982

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.

SIGNATURE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 S
NAME MCCLURE, SUE M.
STREET ADDRESS 1006 FLOOD ST.
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME 300004736379-2
STREET ADDRESS -12/24/01--01003--030
CITY-ST-ZIP *****750.00 *****750.00

TITLE PD
NAME MCCLURE, GARY W.
STREET ADDRESS 1006 FLOOD ST.
CITY-ST-ZIP FT. PIERCE FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Phone/Fax

0130200 AT

CR2E034 (5/01)