

DOCUMENT # 702908

1. Entity Name

GOLD COAST RAILROAD MUSEUM, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90092 006 ****61.25

Principal Place of Business

12450 SW 152ND ST.
MIAMI FL 33177-8402

Mailing Address

12450 SW 152ND ST.
MIAMI FL 33177-8402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6136069

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

PECK, JAMES
475 BUILTMORE WAY
#303
CORAL GABLES FL 33134

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	MCLEAN, JOHN	
STREET ADDRESS	12450 SW 152ND STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, JEFF	
STREET ADDRESS	12450 SW 152ND ST	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUFFMAN, JOHN	
STREET ADDRESS	11155 NW 27 PLACE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEEMS, ALAN	
STREET ADDRESS	12450 S.W. 152ND ST.	
CITY-ST-ZIP	MIAMI FL 33177-8402	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALENIER, JOANNE	
STREET ADDRESS	12450 SW 152 ST	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	D	<input type="checkbox"/> Delete
NAME	DECKER, CARLTON	
STREET ADDRESS	12450 SW 152ND ST.	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREER, CONNIE	
STREET ADDRESS	12450 SW 152nd STREET	
CITY-ST-ZIP	MIAMI FL 33177	
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		
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		

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 617, 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

01-04-01

Date

(305) 253-0063

Daytime Phone #

CR2E037 (10/00)