

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 22, 2003 8:00 am**  
**Secretary of State**

08-22-2003 90103 035 \*\*\*\*\*70.00

**DOCUMENT # 708539**

1. Entity Name

**THE GULF COAST ATHLETIC ASSOCIATION, INC.**



Principal Place of Business

**5230 W. HWY. 98  
PANAMA CITY FL 32401-1041**

Mailing Address

**5230 W. HWY. 98  
PANAMA CITY FL 32401-1041**

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 **23-7061874**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MCSPADDEN, BOB  
5230 W HIGHWAY 98  
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

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 **Bob McSpadden**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOLFE, GREGORY</b>	
STREET ADDRESS	<b>5230 W HIGHWAY 98</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCSPADDEN, BOB</b>	
STREET ADDRESS	<b>5230 W HIGHWAY 98</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MERCER, JOHN</b>	
STREET ADDRESS	<b>5230 W HIGHWAY 98</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GILBERT, BARBARA</b>	
STREET ADDRESS	<b>5230 W HWY 98</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, ROY</b>	
STREET ADDRESS	<b>5230 W HWY 98</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
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:

**Gregory C. Wolfe**

**SIGNATURE REQUIRED**

**8/1/03**

**850/872-3830**

CR2E037 (10/02)

Attachment#  
80139816  
708539

## Bill Payment Stub

Check Date:	8/16/2003
Check No.:	3029
Check Amount:	70.00

Gulf Coast Athletic Association, Inc.  
5230 West Highway 98  
Panama City, FL 32401

Paid To: Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Date	Type	Reference	Original Amt.	Balance	Discount	Payment
8/16/2003	Bill	708539	70.00	70.00		70.00

Check Amount

70.00