

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

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90028 031 *****70.00

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DOCUMENT # 740664

1. Entity Name

FLORIDA GOLDCOAST ASSOCIATION OF THE AMATEUR ATHLETIC UNION OF THE UNITED STATES, INC.



Principal Place of Business

15820 NW 37 AV
OPA LOCKA FL 33054
US

Mailing Address

15820 NW 37 AV
OPA LOCKA FL 33054
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **56-6151161**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BROWN-BEAMON, ROBIN
15820 NW 37 AV
OPA LOCKA FL 33054

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

Robin Brown-Beamon

7-14-03

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
After September 10, 2003, min will be \$236.25

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

| | | |
|----------------|-----------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | MCKINON, GARY | |
| STREET ADDRESS | 1508 MLK BLVD | |
| CITY-ST-ZIP | RIVIERA BEACH FL 33404 | |
| TITLE | ST | <input checked="" type="checkbox"/> Delete |
| NAME | SAUNDERS, STAN | |
| STREET ADDRESS | 1324 13TH TERRACE | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | BROWN-BEAMON, ROBIN | |
| STREET ADDRESS | 15820 NW 37 AV | |
| CITY-ST-ZIP | OPA LOCKA FL 33054 | |
| 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"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------|--|
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Carl Boldin | |
| STREET ADDRESS | 10901 SW 24 Street | |
| CITY-ST-ZIP | Miami, FL 33165 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Domack Alvarez | |
| STREET ADDRESS | 10901 SW 24 Street | |
| CITY-ST-ZIP | Miami, FL 33165 | |
| 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:

Robin Brown-Beamon

7-14-03

(786)

315-5225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)