2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90110 025 ****61.25

DOCUMENT # 743504

1. Entity Name

GULF COAST OUTREACH, INC.

Principal Place of Business	Mailing Address
2201 ENGLEWOOD RD (ENGLEWOOD. FL 34223) ENGLEWOOD FL 34223	2201 ENGLEWOOD RD (ENGLEWOOD. FL 34223) ENGLEWOOD FL 34221-5700

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	4336 14TH ST. CIRCLE WEST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: PALMETTO, FLORIDA
Zip / Country	Zip: 34221 / Country: MANATEE

4. FEI Number: 59-1873264 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SAME AGENT

SCHROEDER, JOSEPH A.
6021 MARIGOLD RD.
VENICE FL 34293

NEW ADDRESS

7. Name and Address of New Registered Agent

Name: SCHROEDER, JOSEPH A.
Street Address (P.O. Box Number is Not Acceptable): 4336 14TH ST. CIRCLE WEST
City: PALMETTO **FL** Zip Code: 34221

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHROEDER, JOSEPH A. 6021 MARIGOLD RD. VENICE, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCHROEDER, LORRAINE A 6021 MARIGOLD ROAD VENICE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MANASSA, NICK 2107 22ND AVE W BRADENTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

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: Joseph A Schroeder 4.9.00 941 729 2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #