

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90003 021 \*\*\*\*61.25

**DOCUMENT # 744911**

1. Entity Name

**THE GOLD COAST OPERA, INC.**

Principal Place of Business

**BAILEY HALL  
 3501 SW DAVIE ROAD  
 FORT LAUDERDALE FL 33314  
 US**

Mailing Address

**2863 NE 23RD AVENUE  
 LIGHTHOUSE FL 33064  
 US**

2. Principal Place of Business

3. Mailing Address

**610 SE 10th St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Pompano Beach, FL**

Zip

Country

Zip

Country

**33060-9405**

**USA**

4. FEI Number

**59-1862792**

Applied For

Not Applicable

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

**MCNAMARA, JACK  
 2863 NE 23RD AVENUE  
 LIGHTHOUSE POINT FL 33064**

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

**JACK MCNAMARA**

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 12, 2001, min. will be \$236.25**

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 **DT** ☐ Delete  
 NAME **MCNAMARA, JACK**  
 STREET ADDRESS **2863 NE 23RD AVENUE**  
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☒ Change ☐ Addition  
 NAME **610 SE 10th St.**  
 STREET ADDRESS **Pompano Bch, FL 33060-9405**  
 CITY-ST-ZIP

TITLE **CD** ☒ Delete  
 NAME **FRANKEL, DR JOEL**  
 STREET ADDRESS **11955 WINGED FOOT TERRACE**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ Change ☒ Addition  
 NAME **Carroll, Mark**  
 STREET ADDRESS **911 SE 11th St.**  
 CITY-ST-ZIP **Ft. Lauderdale, FL, 33316**

TITLE **SD** ☐ Delete  
 NAME **BASONE, DEBBI**  
 STREET ADDRESS **9129-D S.W. 20 PLACE**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE **PD** ☐ Delete  
 NAME **REDDING, JOAN**  
 STREET ADDRESS **1301 RIVER REACH DR #404**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

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

TITLE **D** ☒ Delete  
 NAME **TEMPKINS, PHILLIP**  
 STREET ADDRESS **221 SEVEN ISLES DRIVE**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ Change ☒ Addition  
 NAME **D Krause, Cheryl**  
 STREET ADDRESS **18354 NW 12th St.**  
 CITY-ST-ZIP **Pembroke Pines, FL, 33029**

TITLE **D** ☐ Delete  
 NAME **ANDERSON, PETER**  
 STREET ADDRESS **4121 NE 18TH AVE**  
 CITY-ST-ZIP **OAKLAND PARK FL 33311**

TITLE ☒ Change ☐ Addition  
 NAME **Vice President**  
 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:

**Joan Redding**

**Aug 4, 01 954.475 6518**

CR2E037 (5/01)