

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91764 027 ****61.25

DOCUMENT # 744911

1. Entity Name

THE GOLD COAST OPERA, INC.

Principal Place of Business

Mailing Address

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

**610 SE 10TH ST
 POMPANO BEACH FL 33060-9405
 US**

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

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

**610 SE 10th St.
 Pompano Beach FL**

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

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 **610 SE 10TH ST**
 CITY-ST-ZIP **POMPANO BEACH FL 33060-9405**

TITLE **DT** ☒ Change ☐ Addition
 NAME **McNamara, Jack**
 STREET ADDRESS **610 SE 10th St.**
 CITY-ST-ZIP **Pompano Beach, FL, 33060**

TITLE **D** ☐ Delete
 NAME **CARROLL, MARK**
 STREET ADDRESS **911 SE 11TH CT**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

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

TITLE **DT** ☒ Change ☐ Addition
 NAME **Basone, Debbi**
 STREET ADDRESS **9129-D SW 20 Place**
 CITY-ST-ZIP **Ft. Lauderdale, FL, 33324**

TITLE **PD** ☐ Delete
 NAME **READING, 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 **KRAUSE, CHERYL**
 STREET ADDRESS **18354 NW 12TH ST**
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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

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

TITLE ☐ Change ☐ 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:

Joan Reading
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/02
 Date

CR2E037 (9/01)