

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752597

1. Entity Name

FLORIDA GOLD COAST CLASSICS, INC.

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90028 012 ****61.25

Principal Place of Business

WILLIAM W. WALSKI
6202 SW 55 COURT
DAVIE FL 33314

Mailing Address

WILLIAM W. WALSKI
6202 SW 55 COURT
DAVIE FL 33314

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

WENDELL SNOWDEN

25100 SW 189 AVE

HOMESTEAD FL 33031

33031

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2029904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALSKI, WILLIAM W.
6202 S.W. 55 COURT
DAVIE FL 33314

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.

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

TITLE	DP	WALSKI, WILLIAM W.	<input checked="" type="checkbox"/> Delete
NAME		6202 SW 55 COURT	
STREET ADDRESS		DAVIE FL	
CITY-ST-ZIP			
TITLE	S	CARNEVALE, NAN	<input type="checkbox"/> Delete
NAME		6480 W 14 AVE	
STREET ADDRESS		HIALEAH FL 33012	
CITY-ST-ZIP			
TITLE	AD	DAVIS, JIM	<input checked="" type="checkbox"/> Delete
NAME		520 N-VICTORIA-PARK ROAD	
STREET ADDRESS		FORT LAUDERDALE FL 33301	
CITY-ST-ZIP			
TITLE	TD	SMITH, ELAINE	<input type="checkbox"/> Delete
NAME		6370 HAWKES BLUFF AVE	
STREET ADDRESS		DAVIE FL 33331	
CITY-ST-ZIP			
TITLE	D	GARRISON, BILLY	<input type="checkbox"/> Delete
NAME		1301 N.W. 116 AVE	
STREET ADDRESS		PLANTATION FL 33323	
CITY-ST-ZIP			
TITLE	D	SLAUGHTER, JIM	<input type="checkbox"/> Delete
NAME		6161 S.W. 51 CT.	
STREET ADDRESS		DAVIE FL 33314	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR	WENDELL SNOWDEN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		25100 SW 189 AVE	
STREET ADDRESS		HOMESTEAD FL 33031	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	ASST. DIRECTOR	PAT CARNEVALE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6480 W. 14 AVE	
STREET ADDRESS		HIALEAH FL 33012	
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: WENDELL SNOWDEN FEB 6 2002 305 248 5605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)