

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851408

1. Entity Name

GOLD COAST PUBLICATIONS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90314 015 ***150.00

Principal Place of Business

Mailing Address

EAST LAS OLAS BLVD
 LAUDERDALE FL 33301-2248

435 NORTH MICHIGAN AVE
 600
 CHICAGO IL 60611-4066
 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 **59-2145505**

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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **S KENNEY, CRANE H** ☐ Delete
 STREET ADDRESS **435 N MICHIGAN AVE #600**
 CITY-ST-ZIP **CHICAGO IL 60611**

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

TITLE
 NAME **DV GREENBERG, SHELDON L.** ☐ Delete
 STREET ADDRESS **200 EAST LAS OLAS BLVD**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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

TITLE
 NAME **DV GREENBERG, HOWARD** ☐ Delete
 STREET ADDRESS **200 EAST LAD OLAS BLVD**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

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

TITLE
 NAME **PD WALTZ, K** ☒ Delete
 STREET ADDRESS **200 E LAS OLAS BLVD**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE
 NAME **PD Hunt Susan L.** ☒ Change ☐ Addition
 STREET ADDRESS **200 East Las Olas Blvd.**
 CITY-ST-ZIP **Fort Lauderdale, FL 33301-2248**

TITLE
 NAME **T HAMPTON, WALTER** ☐ Delete
 STREET ADDRESS **200 EAST LAS OLAS BLVD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301-2248**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 reports 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Crane Kenney

4-20-00

312-222-3277

Date

Daytime Phone #

CR2E034 (9/99)