

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31130**

1. Entity Name

AOA GULF COAST PARTNERS, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25

Principal Place of Business

2100 STATE AVE.  
PANAMA CITY FL 32405

Mailing Address

7820 ROSWELL RD  
ATLANTA GA 30350

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1931939

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LULLY, RICHARD E  
509 COLONIAL DRIVE  
PANAMA CITY FL 32404

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. Capital Contributions  
as Shown on record.

\$104,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F93000001442  
NAME GULF COAST RADIATION INC  
STREET ADDRESS 7820 ROSWELL RD  
CITY-ST-ZIP ATLANTA GA 30350

STREET ADDRESS

CITY-ST-ZIP

200003358012--5  
-08/15/00--01064--005  
\*\*\*\*526.25 \*\*\*\*526.25

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

Date McCord

7-7-00 770-3580126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/00)