

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90028 040 \*\*\*150.00

**DOCUMENT # F00000005397**

1. Entity Name

**GOLD COAST HOLIDAYS LIMITED, INC.**

Principal Place of Business

Mailing Address

**C/O THOMAS C. ROBERGE & COMPANY  
ONE BEACH DRIVE SE, SUITE 220  
ST. PETERSBURG FL 33701****C/O THOMAS C. ROBERGE & COMPANY  
ONE BEACH DRIVE SE, SUITE 220  
ST. PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**52-2268007****APPLIED FOR**

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

**ROBERGE, THOMAS C  
ONE BEACH DRIVE SE, SUITE 220  
ST. PETERSBURG FL 33701**

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, 2001 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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	CP			
	MCGRATH, JOHN	ONE BEACH DRIVE SE, SUITE 220	ST. PETERSBURG FL 33701	
	VCVS			
	MCGRATH, ANN	ONE BEACH DRIVE SE, SUITE 220	ST. PETERSBURG FL 33701	
	D			
	MCGRATH, SEAN	ONE BEACH DRIVE SE, SUITE 220	ST. PETERSBURG FL 33701	
	D			
	MCGRATH, MAIRE	ONE BEACH DRIVE SE, SUITE 220	ST. PETERSBURG FL 33701	
	T			
	LENIHAN, MARK	ONE BEACH DRIVE SE, SUITE 220	ST. PETERSBURG FL 33701	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 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 807, 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

**JOHN MCGRATH****9/9/01. 727 822 9373**

Date

Daytime Phone #

CR2034 (10/00)

- INTERNATIONAL TAXATION -  
**THOMAS C. ROBERGE & COMPANY**  
CERTIFIED PUBLIC ACCOUNTANTS

Attachment  
D#FO0000005397  
A071908

BRENT S. MCLEAN, CPA  
THOMAS C. ROBERGE, CPA

May 21, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: GOLD COAST HOLIDAYS LIMITED

To Whom It Concerns:

This letter responds to your letter dated May 14, 2001 to the above referenced taxpayer (copy enclosed). Enclosed is our check for \$150 and the federal tax identification number duly noted on item four of the 2001 Uniform Business Report. Thank you for bringing the matter to our attention.

Sincerely,



Thomas C. Roberge

TCR/cj