

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90080 002 ***150.00

DOCUMENT # F00000005397

1. Entity Name

GOLD COAST HOLIDAYS LIMITED, INC.

Principal Place of Business

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

Mailing Address

**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 & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2263007

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, 2002 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 ☐ Delete
NAME **CP**
STREET ADDRESS **MCGRATH, JOHN**
CITY-ST-ZIP **ONE BEACH DRIVE SE, SUITE 220**
ST. PETERSBURG FL 33701

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

TITLE ☐ Delete
NAME **VCVS**
STREET ADDRESS **MCGRATH, ANN**
CITY-ST-ZIP **ONE BEACH DRIVE SE, SUITE 220**
ST. PETERSBURG FL 33701

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCGRATH, SEAN**
CITY-ST-ZIP **ONE BEACH DRIVE SE, SUITE 220**
ST. PETERSBURG FL 33701

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MCGRATH, MAIRE**
CITY-ST-ZIP **ONE BEACH DRIVE SE, SUITE 220**
ST. PETERSBURG FL 33701

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **LENIHAN, MARK**
CITY-ST-ZIP **ONE BEACH DRIVE SE, SUITE 220**
ST. PETERSBURG FL 33701

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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 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

8th Feb. 2002

Date

727 822 9393

Daytime Phone #

CR2E034 (9/01)

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

Attachment
Document #
F0000000 53917
503919

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

February 13, 2002

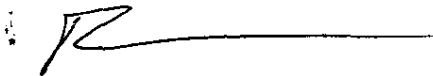
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, Florida 32302-1500

RE: GOLD COAST HOLIDAYS LIMITED, INC.

To Whom It May Concern:

I am the Florida Registered Agent for the above referenced company. Enclosed is our check for \$150.00 for the 2002 Uniform Business Report.

Sincerely,



Thomas C. Roberge

TCR/c
Enclosures