

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006087

1. Entity Name

GULF COAST COOLING, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90140 028 \*\*\*150.00

Principal Place of Business

12871 METRO PARKWAY  
% P.O. BOX 61038  
FT. MYERS FL 33906-1038

Mailing Address

12871 METRO PARKWAY  
% P.O. BOX 61038  
FT. MYERS FL 33912-8342

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Six Cadillac Drive

Suite, Apt. #, etc.

Suite 410

City & State

Brentwood, TN

Zip

37027

Country

US

4. FEI Number

62-1715782

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, GARY	
STREET ADDRESS	12882 DRESDEN CT	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SIELBECK, ALAN	
STREET ADDRESS	6543 MURRAY LANE	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LADERMAN, LOUIS	
STREET ADDRESS	56 LADUE ESTATES DRIVE	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHOFIELD, ANTHONY	
STREET ADDRESS	103 LAUREL HILL DRIVE	
CITY-ST-ZIP	SMYRNA TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mishler, James	
STREET ADDRESS	2140 Lake Park Blvd. (5T)	
CITY-ST-ZIP	Richardson, TX 75080-2254	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Franklin, Jennifer	
STREET ADDRESS	2140 Lake Park Blvd. (8T)	
CITY-ST-ZIP	Richardson, TX 75080-2254	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dolan, Mark	
STREET ADDRESS	2140 Lake Park Blvd. (5T)	
CITY-ST-ZIP	Richardson, TX 75080-2254	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Boaz, Russell	
STREET ADDRESS	2140 Lake Park Blvd. (8T)	
CITY-ST-ZIP	Richardson, TX 75080-2254	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Messel, Scott	
STREET ADDRESS	2140 Lake Park Blvd. (8T)	
CITY-ST-ZIP	Richardson, TX 75080-2254	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernandez, Ken	
STREET ADDRESS	2140 Lake Park Blvd. (5T)	
CITY-ST-ZIP	Richardson, TX 75080-2254	

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: *Jennifer Franklin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Jennifer Franklin

3-22-00

Date

972-497-6892

Daytime Phone #

CR2E034 (9/99)

Attach.  
00049823  
#F9700000608

#12 continued

Title D  
Name James Mishler  
Street Address 2140 Lake Park Blvd.  
City-St-Zip Richardson, TX 75080

Change

Addition

Title D  
Name Clyde Wyant  
Street Address 2140 Lake Park Blvd.  
City-St-Zip Richardson, TX 75080

Change

Addition

Title D  
Name Carl Edwards, Jr.  
Street Address 2140 Lake Park Blvd.  
City-St-Zip Richardson, TX 75080

Change

Addition