

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G66484

1. Entity Name

GOLD COAST EXTENDED HEALTH CARE SERVICES, INC.

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90047 008 \*\*\*150.00

Principal Place of Business

22500 SW 56TH AVE  
BOCA RATON FL 33433

Mailing Address

22500 SW 56TH AVE  
BOCA RATON FL 33433

2. Principal Place of Business

6105 Royal Birkdale Dr.  
Suite, Apt. #, etc.

3. Mailing Address

6105 Royal Birkdale Dr.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number 59-2368150

Applied For

Not Applicable

Zip

33463

Country

Palm Beach

Zip

33463

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VERVILLE, MARY FAY  
2530 NW 112TH AVE  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name Robin Newbeck

Street Address (P.O. Box Number is Not Acceptable)

6105 Royal Birkdale Dr.

City Lake Worth

FL

Zip Code

33463

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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	VERVILLE, MARY FAY	
STREET ADDRESS	2530 NW 112TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	NEWBECK, ROBIN V	
STREET ADDRESS	22500 SW 56TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Robin Newbeck

4/1/01

Date

Daytime Phone #

(800) 780-0743

CR2E034 (10/00)