

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90095 043 ***150.00

0292465

DOCUMENT # H24167

1. Entity Name

GOLD COAST INSURANCE CONSULTING, INC.

Principal Place of Business

1500 CORPORATE CENTER WAY
 SUITE 203
 WELLINGTON FL 33414
 US

Mailing Address

1500 CORPORATE CENTER WAY
 SUITE 203
 WELLINGTON FL 33414
 US

2. Principal Place of Business

2506 EAGLE RUN DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

2506 EAGLE RUN DRIVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

31-1110544

Applied For

Not Applicable

Zip

33327

Country

Zip

33327

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BLOOMFIELD, CPA R
1601 N PALM AVE
STE 203
PEMBROKE PINES FL 33026

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, 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 **C** ☒ Delete
 NAME **RYBKA, LAWRENCE S.**
 STREET ADDRESS **1500 CORPORATE CENTER WAY 203**
 CITY-ST-ZIP **WELLINGTON FL**

TITLE **PS** ☐ Delete
 NAME **RYBKA-KNISKERN, CHERYL A**
 STREET ADDRESS **1500 CORPORATE CENTER WAY #203**
 CITY-ST-ZIP **WELLINGTON FL**

TITLE **VT** ☒ Delete
 NAME **RYBKA, LAWRENCE J**
 STREET ADDRESS **3690 ORANGE PLACE, SUITE 300**
 CITY-ST-ZIP **BEACHWOOD OH 44122**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2506 EAGLE RUN DRIVE**
 CITY-ST-ZIP **WESTON, FL 33327**

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

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

TITLE ☐ Change ☐ Addition
 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

Date

Daytime Phone #

CR2E034 (10/00)