

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90165 017 ***150.00

DOCUMENT # H24167

1. Entity Name
GOLD COAST INSURANCE CONSULTING, INC.

Principal Place of Business

2506 EAGLE RON DR
 WESTON FL 33327
 US

Mailing Address

2506 EAGLE RON DR
 WESTON FL 33327
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2506 Eagle Run Dr
 Suite, Apt. #, etc.

3. Mailing Address

2506 Eagle Run Dr
 Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

31-1110544

Applied For

Not Applicable

Zip

33327

Country

US

Zip

33327

Country

US

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PS ☐ Delete
NAME RYBKA-KNISKERN, CHERYL A
STREET ADDRESS 2506 EAGLE RON DR
CITY-ST-ZIP WESTON FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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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 #

7/30/02 954-349-6969

CR2E034 (4/02)

2001 UNIFORM BUSINESS REPORT (UBR)

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.

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

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Fee Required

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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 date of registration

(NOTE: Only current Agent signatures required when reappointing)

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 State10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------------|--|
| TITLE | C | <input checked="" type="checkbox"/> Delete |
| NAME | RYBKA, LAWRENCE S. | |
| STREET ADDRESS | 1500 CORPORATE CENTER WAY 203 | |
| CITY - ST - ZIP | WELLINGTON FL | |
| TITLE | PS | <input type="checkbox"/> Delete |
| NAME | RYBKA-KNISKERN, CHERYL A | |
| STREET ADDRESS | 1500 CORPORATE CENTER WAY #203 | |
| CITY - ST - ZIP | WELLINGTON FL | |
| TITLE | VT | <input checked="" type="checkbox"/> Delete |
| NAME | RYBKA, LAWRENCE J | |
| STREET ADDRESS | 3690 ORANGE PLACE, SUITE 300 | |
| CITY - ST - ZIP | BEACHWOOD OH 44122 | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 2506 EAGLE RUN DRIVE | |
| CITY - ST - ZIP | WESTON, FL 33327 | |
| 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 | | |
| CITY - ST - ZIP | | |

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CORP. 11/01/01