

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H53493

1. Entity Name

GOLDCOAST BEEF, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90294 001 ***150.00

Principal Place of Business

2301 N FEDERAL HWY
BOCA RATON FL 33431
US

Mailing Address

2301 N FEDERAL HWY
BOCA RATON FL 33431
US

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 **59-2536608**

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

TURNER, C. B.
2301 N FEDERAL HWY
BOCA RATON FL 33431

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

C.B. Turner

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DCP
NAME TURNER, C.B. ☐ Delete
STREET ADDRESS 10827 BOCA WOODS LANE
CITY-ST-ZIP BOCA RATON FL

TITLE STD
NAME TURNER, JOYCE ☐ Delete
STREET ADDRESS 10827 BOCA WOODS LANE
CITY-ST-ZIP BOCA RATON FL

TITLE VD ☒ Delete
NAME YOUNG, MARIA
STREET ADDRESS 130 SARATOGA BLVD W.
CITY-ST-ZIP ROYAL PALM BEACH FL

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 VD ☐ Change ☒ Addition
NAME JOHANNAH ESTEP
STREET ADDRESS 1377 Berkshire Dr
CITY-ST-ZIP West Palm Bch FL 33406

TITLE Asst ST ☐ Change ☒ Addition
NAME JOYCE FAUCETT
STREET ADDRESS 4245 S. 57th Ave # 203
CITY-ST-ZIP Greenacres FL 33463

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:

C.B. Turner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C.B. Turner

4-20-00 561-483-1019

Date

Daytime Phone #

CR2E034 (10/00)