

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K25160

1. Entity Name

GULF COAST MANAGEMENT OF SARASOTA, INC.

Principal Place of Business

2831 RINGLING BLVD.  
STE. 218 F  
SARASOTA FL 34237-5346

Mailing Address

5023 RINGWOOD MEADOW  
SARASOTA FL 34235-2035  
US

2. Principal Place of Business

4702 26<sup>th</sup> ST. W  
Suite, Apt. #, etc.

3. Mailing Address

4702 26<sup>th</sup> ST. W  
Suite, Apt. #, etc.

City & State

BRADENTON, FLA

City & State

BRADENTON, FLA

Zip

34207 MANATEE

Zip

34207 MANATEE

6. Name and Address of Current Registered Agent

AVERY, JOHN E  
~~5023 RINGWOOD MEADOWS~~  
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name  
Street Address 4702 26<sup>th</sup> ST. WEST  
4702 26<sup>th</sup> ST. WEST  
City BRADENTON FL Zip 34207

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 PTD  
NAME AVERY, LAURA P  
STREET ADDRESS 6258 AVENTURA DR.  
CITY-ST-ZIP SARASOTA FL 34235 ☐ Delete

TITLE VPS  
NAME COLLINS, MARCIA A  
STREET ADDRESS 3255 GEENNA LANE  
CITY-ST-ZIP SARASOTA FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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 #

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90126 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0058885

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (9/99)