

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K71576

1. Entity Name

GULF COAST SUNGLASS SUPPLY, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90040 048 \*\*\*150.00

Principal Place of Business Mailing Address  
C/O FRANK E. HERRON C/O FRANK E. HERRON  
1463 LEMON STREET 1463 LEMON STREET  
CLEARWATER FL 33756 CLEARWATER FL 33756-2340



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number 59-2966432 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent HERRON, FRANK E.  
1463 LEMON STREET  
CLEARWATER FL 34616  
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 \_\_\_\_\_ (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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPT	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERRON, FRANK E.			NAME			
STREET ADDRESS	1463 LEMON STREET			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERRON, LINDA J.			NAME			
STREET ADDRESS	1463 LEMON ST.			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	DPT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERRON, TOD F			NAME			
STREET ADDRESS	401 SAN JUAN LANE			STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34698			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLUCHER, DELICIA			NAME			
STREET ADDRESS	401 SAN JUAN LANE			STREET ADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34698			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Linda J. Herron LINDA J. HERRON 4/29/00 727-443-2111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)