

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010237

1. Entity Name

GOLD COAST HARVESTING, L.L.C.

FILED

01 AUG 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1450 BELL AVENUE
FORT PIERCE FL 34979

Mailing Address

1450 BELL AVENUE
FORT PIERCE FL 34979

2. Principal Place of Business

2862 S. Kings Highway

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 13417

Suite, Apt. #, etc.

City & State

Fort Pierce, FL 34945

Zip

Country

St. Lucie

City & State

Fort Pierce FL

Zip

34979

Country

St. Lucie

4. FEI Number

05-1038460

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARVEY, CHARLES H
5870 23RD STREET
VERO BEACH FL 32966

7. Name and Address of New Registered Agent

Name James R. Overstreet

Street Address (P.O. Box Number is Not Acceptable)

2862 S. Kings Highway

City

Fort Pierce

FL

Zip Code

34945

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

100004565271--5

-08/31/01--01027--022

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME HARVEY, CHARLES H
STREET ADDRESS 5870 23RD STREET
CITY-ST-ZIP VERO BEACH FL 32966

☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME James R. Overstreet
STREET ADDRESS 2862 S. Kings Highway
CITY-ST-ZIP Fort Pierce FL 34945

☐ Change ☒ Addition

TITLE NAME Vice President
STREET ADDRESS Russell K. Boud
CITY-ST-ZIP 1450 Bell Ave
Fr. Pierce, FL 34979

☐ 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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

James R. Overstreet

8/01/01

Date

561-465-5138

Daytime Phone #

CR2E083 (5/01)

STAPLE HERE