

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY -6 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L990000000196

1. Entity Name

GULF COAST REFRIGERATION, LC

Principal Place of Business

4475A ASHTON ROAD  
SARASOTA FL 34233

Mailing Address

4475A ASHTON ROAD  
SARASOTA FL 34233-2272

2. Principal Place of Business

3. Mailing Address

P.O. Box 825

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Osprey, FL 34229

4. FEI Number

65-0886250

Applied For

Not Applicable

Zip

Country

34229

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHANDLER, JAMES R III  
1819 MAIN STREET, SUITE 302  
SARASOTA FL 34236

\*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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
FRANKLIN QUINCY PALACIOS  
2106 SEWELL DRIVE  
SARASOTA FL 34234

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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-06/06/00--01105--015  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
TODD, NORMAN  
332 BAYSHORE DRIVE  
OSPREY FL 34229

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Norman Todd MGRM  
332 Bayshore  
Osprey, FL 34229

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Sec 1 Tre  
Victoria Todd MGRM  
332 Bayshore  
Osprey, FL 34229

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Victoria Todd 4/17/00 941-922-8809