

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0011448 AF

DOCUMENT # L99000006973

1. Entity Name

GULF COAST ASSET LEASING, L.L.C.

00 JUN 23 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

6863 OLD RANCH ROAD  
SARASOTA FL 34241

Mailing Address

6863 OLD RANCH ROAD  
SARASOTA FL 34241-9640



DO NOT WRITE IN THIS SPACE

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

APPLIED FOR

Applied For

Not Applicable

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

PADEREWSKI, ALEXANDER G

1834 MAIN STREET  
SARASOTA FL 34236

Name

Walter Reed Johnston

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

6863 Old Ranch Road

City

Sarasota

FL

Zip Code

34241

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

*Walter Reed Johnston*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-00

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete

President Don Rowe

STREET ADDRESS 320-B Old Englewood Rd.

CITY- ST- ZIP Englewood Fl. 34223 MGRM

TITLE NAME ☐ Change ☐ Addition

NAME 300003313619--4

STREET ADDRESS -07/05/00--01100--009

CITY- ST- ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete

Secretary Walter Reed Johnston

STREET ADDRESS 6863 Old Ranch Rd.

CITY- ST- ZIP Sarasota; Fl. 34241 MGRM

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Delete

STREET ADDRESS

CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

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:

*Don Rowe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-25-00 941-926-0489

CR2E083 (9/99)