

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007246

1. Entity Name

GULF COAST REAL ESTATE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 3: 57

Principal Place of Business

4751 GULF SHORE BOULEVARD, NORTH #1003
NAPLES FL 34103-2626

Mailing Address

4751 GULF SHORE BOULEVARD, NORTH #1003
NAPLES FL 34103-2626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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
MATTSCHER, MARCELO W D.D.S.
4751 GULF SHORE BOULEVARD, NORTH #1003
NAPLES FL 34103-2626 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition
800003182708--4
-03/24/00--01047--003
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
ARENA-MATTSCHER, DAWN M D.D.S.
4751 GULF SHORE BOULEVARD, NORTH #1003
NAPLES FL 34103-2626 ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP
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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:

Wm. Matthei
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/12/2006

Date

(941) 644-4688

Daytime Phone #