**FILED** 

Feb 11, 2002 8:00 am Secretary of State

02-11-2002 90210 043 \*\*\*150.00

## **2 UNIFORM BUSINESS REPORT (UBR)**

## DCUMENT # M90206

**Entity Name** 

'UNCOAST ENTERTAINMENT CORP.

| <del></del>  |  |  |                               | <del></del>  |   |  |                               |  |  |
|--|--|--|-------------------------------|--|---|--|-------------------------------|--|--|
| Principal Place of Business Mailing Address  |  |  |                               |  |   |  |                               |  |  |
| 12995 S. CLEVELAND AVE 12955 S. CLEVELAND AVE  |  |  |                               |  |   |  |                               |  |  |
|  | 145  |  |                               |  |   |  |                               |  |  |
| FT MYERS FL 33907-742 FT MYERS FL 33907<br>US US   |  |  |                               |  | I TERRETA (IN ANGEL NAVEL DAN OGNA SAN A  | 1611 11161   | BIRIS BIRIS E                 | ICO BIBIL (BB)   |  |
|  |  |  |                               |  |   |  |                               |  |  |
| 2. Principal Place of Business 3. Mailing Address  |  |  |                               |  | -; LIGOLOGII IIO KALIL BRITO KIGH OBIIT ALKI DIDIK DIDIL DARKI DIDIL DIDIL DIDIL DIDIL DIDIL DIDIL DIDIL DIDIL<br>  |  |                               |  |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |  |  |                               |  | DO NOT WRITE IN THIS SPACE  |  |                               |  |  |
| City & State City & State  |  |  | <del></del>                   |  | FEI Number <b>65-0070947</b>  |  |                               | plied For<br>t Applicable  |  |
| Country  | Zip  | ntry   | 5. (                          | 5. Certificate of Status Desired   |   |  | itional                       |  |  |
| 6. Name and Address of Current R   | ealstered Agent  |  | T                             |  | Name and Address of New Register  |  | <del></del>                   |  |  |
|  | <u></u>  | <del>`</del>   | Name                          |  | Tallie and Addition of Heat Hogister  | - Ag   |                               |  |  |
| PAULUS, THOMAS J.  |  |  |                               |  |   |  |                               |  |  |
| 6610 JOANNA CR.  |  |  | Street A                      | ddress (P.O. E   | dress (P.O. Box Number is Not Acceptable)   |  |                               |  |  |
|  |  |  | ļ                             | <del></del>  |   |  |                               |  |  |
| 19 LF 238 18   |  |  | L                             |  |   | _  |                               |  |  |
|  |  |  | City                          |  |   | FI   | Zip Code                      |  |  |
|  |  |  | <del>!</del>                  |  |   |  |                               |  |  |
| named entity submits this statement for t  | he purpose of changing it  | s register   | ed office or                  | registered ag  | ent, or both, in the State of Florida.  |  |                               | Ì  |  |
|  |  |  |                               |  |   |  |                               |  |  |
| Signature, broad or printed name of transcered agent an  | t title if applicable (NO  | TE: Panietore  | d Agent signet                | re required when re  | Dinatation) D.  | TE   |                               | (  |  |
| - Interest the second of the s | The supplication of the su |  | - Agent signate               | ————   | T   |  |                               |  |  |
|  |  |  | ,                             | _  | 10. Election Campaign Financing   |  | \$5.0r                        | n May Ba   |  |
|  |  |  |                               |  | Trust Fund Contribution.  |  | Added                         | to Fees  |  |
| <u> </u>   |  |  |                               |  | <u> </u>  |  |                               |  |  |
|  |  | 12.  |                               | AD   | DITIONS/CHANGES TO OFFICERS   | AND D  | RECTORS                       | IN 11  |  |
| ,  | ☐ Delete   | TITL   | E                             |  |   |  | ] Change                      | Addition   |  |
|  |  |  | -                             |  |   |  |                               |  |  |
| ,  |  |  |                               |  |   |  |                               | j  |  |
| FT. MYERS FL   | _ <del>-</del>   | CITY   | -ST-ZIP                       |  |   |  |                               |  |  |
| D  | ☐ Delete   | TITL   | £                             |  |   |  | Change                        | ☐ Addition   |  |
| PRENDERGAST, RICHARD   |  | NAM  | E [                           |  |   |  |                               | ĺ  |  |
| RFD- BOX 4339  |  | STRE   | ET ADDRESS                    | 1  |   |  |                               | ľ  |  |
| LONG GROVE IL  |  | CITY   | -ST-ZIP                       |  | •   |  |                               |  |  |
| -D   | - Delete   | TITL   | E ~~                          |  |   | _ [  | Change -                      | ☐ Addition   |  |
| SCHOFIELD, BILL  |  | NAM  | E                             |  |   |  |                               | _  |  |
|  | )  | STRE   | ET ADDRESS                    | l  |   |  |                               | Ì  |  |
|  |  | CITY   | -ST-ZIP                       | ı  |   |  |                               |  |  |
|  | Doloto   | TITL   |                               | L  | <del></del>   |  | Change                        | Addition   |  |
|  | □1 Detete  |  | 1                             |  |   | _  | 1 outside                     | - Acquired   |  |
|  |  |  | -                             |  |   |  |                               |  |  |
|  |  |  | 1                             |  |   |  |                               |  |  |
|  |  | H  | J                             |  |   |  |                               |  |  |
|  | Place of Business #, etc.  #, etc.  # Country  6. Name and Address of Current R  THOMAS J.  NNA CR. RS FL 33919  Inamed entity submits this statement for the signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so, ria on back)  OFFICERS AND D  DP PAULUS, THOMAS J. 6610 JOANNA CR. FT. MYERS FL  D PRENDERGAST, RICHARD RFD- BOX 4339 LONG GROVE IL  D———————————————————————————————————   | THOMAS J.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  DP PAULUS, THOMAS J.  OFFICERS AND DIRECTORS  DP PAULUS, THOMAS J.  6610 JOANNA CR.  FT. MYERS FL  D PRENDERGAST, RICHARD RFD- BOX 4339 LONG GROVE IL  D LONG GROVE IL  D LONG GROVE IL  LONG GROVE IL  LONG CIEVELAND A 145 FT MYERS FL 33907 US  3. Mailing Address  Suite, Apt. #, etc.  City & State  C | #, etc.   Suite, Apt. #, etc. | Place of Business  3. Mailing Address  #, etc.  Country  City  Cit | Association is eligible to satisfy lis Intangible requirement and elects to do so. if a on back)  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  Delete  OFFICERS AND DIRECTORS  Delete  OFFICERS AND DIRECTORS  Delete  OFFICERS AND DIRECTORS  Delete  OFFICERS BOULEVARD FORT MYERS FL 33912  Delete  ITILE NAME STREET ADDRESS CITY-SI-ZIP  Delete ITILE NAME STREET ADDRESS CITY-SI-ZIP  Delete ITILE NAME STREET ADDRESS CITY-SI-ZIP  Delete ITILE NAME STREET ADDRESS CITY-SI-ZIP  Delete ITILE NAME STREET ADDRESS CITY-SI-ZIP  Delete ITILE NAME STREET ADDRESS CITY-SI-ZIP  Delete ITILE NAME STREET ADDRESS CITY-SI-ZIP  Delete ITILE NAME STREET ADDRESS CITY-SI-ZIP  Delete ITILE NAME STREET ADDRESS CITY-SI-ZIP  Delete | # etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # etc.   Sulte, Apt. #, etc.   Do Not Writte In Tri  # Etc.   Do Not Writte In Tri | ## 12955 S. CLEVELAND AVE 148 | THOMAS J.  INSTANDARCE  Soliter, Apr. 19, onc  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired For Requirer For Name and Address of Current Registered Agent  THOMAS J.  INNA CR.  SF L 33919  City  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Coord  After May 1, 2002 Fee will be \$550.00  After May 1, 2002 F |  |

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 frustee 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 an other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

1-23-02

941-936-3416 Daytime Phone #

☐ Change

Addition