

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014878 AF

DOCUMENT # M99000001622

1. Entity Name
GULF COAST RADIO, LLC

00 MAR 27 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 416

Principal Place of Business
8933 E. UNION AVE., SUITE 214
ENGLEWOOD CO 80111

Mailing Address
8933 E. UNION AVE., SUITE 214
ENGLEWOOD CO 80111-1357



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

057-40-9122

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TREISER, RICHARD M ESQ.
C/O TREISER, KOBZA & LIEBERFARB, CHTD.
4001 TAMiami TRAIL NORTH, SUITE 330
NAPLES FL 34103

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 MGR
NAME BOWDACH, ALLAN B
STREET ADDRESS 8933 E. UNION AVE., SUITE 214
CITY-ST-ZIP ENGLEWOOD CO 80111 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100003203561--9
-04/11/00--01071--020
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Delete
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TITLE ☐ 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:

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

Date

Daytime Phone #

AS BOWDACH *3/6/00*
B. Bowdach, mgr 303-850 7514

CR2E083 (9/99)