

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90237 036 ****61.25

DOCUMENT # N00000000322

1. Entity Name

THE FINANCIAL PLANNING ASSOCIATION OF THE GOLD COAST, INC.

Principal Place of Business

**349 GRANADA ROAD
 WEST PALM BEACH FL 33401**

Mailing Address

**349 GRANADA ROAD
 WEST PALM BEACH FL 33401**

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

65-0977003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 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

**POTTER, JOHN
 560 VILLAGE BLVD., SUITE 335
 WEST PALM BEACH FL 33409**

Name **RICHARD T. SALTER, CFP**

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

400 NEPTUNE RD

City **JUNO BEACH**

FL

Zip Code **33408**

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

**RICHARD T. SALTER
 TREASURER**

4/22/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **NASON, MARY LOU**
 STREET ADDRESS **631 U.S. HIGHWAY ONE, #305**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

TITLE **D** ☐ Delete
 NAME **POTTER, JOHN**
 STREET ADDRESS **560 VILLAGE BLVD., #335**
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE **D** ☐ Delete
 NAME **KARES, ROBERT**
 STREET ADDRESS **12604 CORAL LAKES DRIVE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33437**

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

TITLE **D** ☐ Delete
 NAME **WINTON, TIM**
 STREET ADDRESS **230 S COUNTRY ROAD**
 CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE **D** ☐ Delete
 NAME **SALTER, RICHARD**
 STREET ADDRESS **400 NEPTUNE ROAD**
 CITY-ST-ZIP **JUNO BEACH FL 33408-2017**

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

TITLE **D** ☐ Delete
 NAME **AGNELLO, MIKE**
 STREET ADDRESS **712 N. OLIVE AVENUE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

12. 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD T. SALTER
 TREASURER**

Date

Daytime Phone #

4/22/02 (561) 624-0177

CR2E037 (9/01)