

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90015 023 ****61.25

DOCUMENT # N00000001803

1. Entity Name

THE GULF COAST ZOOLOGICAL SOCIETY, INC.



Principal Place of Business

**5703 GULF BREEZE PARKWAY
GULF BREEZE FL 32561**

Mailing Address

**5703 GULF BREEZE PARKWAY
GULF BREEZE FL 32561**

DUPLICATE



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3653239**

Applied For

Not Applicable

Zip

Country

Zip

Country

32563

32563

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LITTLEFIELD, C. LYNNE
5703 GULF BREEZE PARKWAY
GULF BREEZE FL 32561**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

C. Lynne Littlefield

1/7/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **GOULD, JAY**
STREET ADDRESS **11000 UNIVERSITY PARKWAY 42**
CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE **T** ☐ Delete
NAME **PREWITT, TERRY DR**
STREET ADDRESS **11000 UNIVERSITY PARKWAY 42**
CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE **D** ☐ Delete
NAME **BELL, JACKIE**
STREET ADDRESS **4040 SOUNDPOINT DRIVE**
CITY-ST-ZIP **GULF BREEZE FL 32561**

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

TITLE **D** ☐ Delete
NAME **MERRILL, COLLIER**
STREET ADDRESS **PO BOX 710**
CITY-ST-ZIP **PENSACOLA FL 32593**

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

TITLE **DCED** ☒ Delete
NAME **APPLEGATE, MIKE**
STREET ADDRESS **427 CODY AVE**
CITY-ST-ZIP **HURLBURT FIELD FL 32544-5273**

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

TITLE **D** ☐ Delete
NAME **STEWART, GEORGE L**
STREET ADDRESS **11000 UNIVERSITY PARKWAY**
CITY-ST-ZIP **PENSACOLA FL 32562**

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Jan '03

CR2E037 (10/02)