

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006212

1. Entity Name

GOLDEN TREASURE COAST OF ACRP, INC.

Principal Place of Business

201 NORTH FLAGLER DRIVE  
WEST PALM BEACH FL 33407

Mailing Address

2001 NORTH FLAGLER DRIVE  
WEST PALM BEACH FL 33407

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

65-0979038

Applied For

Not Applicable

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

CARLTON, RON  
QUEST LABORATORIES  
1300 E NEWPORT CENTER DRIVE  
DEERFIELD BEACH FL 33442

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 \$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 PD  
NAME CARLTON, RON  
STREET ADDRESS QUEST LAB., 1300 E NEWPORT CENTER DR  
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

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

TITLE VPD  
NAME COPE, PATRICIA  
STREET ADDRESS 2001 NORTH FLAGLER DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

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

TITLE SD  
NAME HARMUELLER, BELINDA  
STREET ADDRESS 5205 GREENWOOD AVENUE SUITE 200  
CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Delete

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

TITLE DT  
NAME VAZQUEZ, DORA  
STREET ADDRESS 840 US HWY 1 SUITE 235  
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jun 05, 2002 8:00 am  
Secretary of State

06-05-2002 90410 049 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)