

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006755

1. Entity Name

GOLFCOAST AMATEUR SPORTS, INC.

Principal Place of Business

P. O. BOX 100478
CAPE CORAL FL 33910

Mailing Address

P. O. BOX 100478
CAPE CORAL FL 33910

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

65-1039172

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

BAKER, GARY
1634 SE 47TH ST., SUITE 10
CAPE CORAL FL 33904

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 ☐ Delete
NAME BAKER, GARY
STREET ADDRESS 1634 SE 47TH ST.
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE SECRETARY/TREASURER ☐ Change ☒ Addition
NAME VIKI NIKANDER
STREET ADDRESS 1634 SE 47th ST.
CITY-ST-ZIP CAPE CORAL, FLORIDA, 33904

TITLE VD ☒ Delete
NAME O'CONNOR, JOHN
STREET ADDRESS 1941-7 PARK MEADOW DR.
CITY-ST-ZIP FT. MYERS FL 33907

TITLE DIRECTOR ☐ Change ☒ Addition
NAME ROGER BOYD
STREET ADDRESS 5115 GENESEE PWKY
CITY-ST-ZIP BOKEELIA, FL. 33922

TITLE VD ☒ Delete
NAME O'CONNOR, PAM
STREET ADDRESS 1941-7 PARK MEADOW DR.
CITY-ST-ZIP FT. MYERS FL 33907

TITLE DIRECTOR ☐ Change ☒ Addition
NAME JEFF BOYDDIN
STREET ADDRESS 8050 BAYSHORE RD
CITY-ST-ZIP N. FT. MYERS, FL. 33917

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90175 036 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)