

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00220

1. Entity Name

GULF COAST EMMAS, INC.

Principal Place of Business

Mailing Address

6258 PRESIDENTIAL CT.,STE.104  
FT. MYERS FL 33919-3594  
US

6258 PRESIDENTIAL CT.,STE.104  
FT. MYERS FL 33919-3526  
US

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

59-2373816

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

HENRY, MERLE F.  
6258 PRESIDENTIAL CT.,STE.104  
FT. MYERS FL 33919

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 D ☒ Delete  
NAME ACEVEDO, JORGE  
STREET ADDRESS 5715 GALLOWAY DR  
CITY-ST-ZIP FORT MYERS FL 33903

TITLE P/D ☐ Change ☒ Addition  
NAME Meloy, David  
STREET ADDRESS 3621 Buckingham Road  
CITY-ST-ZIP Fort Myers, FL 33905-7204

TITLE TD ☐ Delete  
NAME HENRY, MERLE  
STREET ADDRESS 1630 N. MAYFAIR RD.  
CITY-ST-ZIP FT. MYERS FL

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

TITLE SD ☐ Delete  
NAME DRALLE, KAREN  
STREET ADDRESS 709 SW 31ST TERR  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE V/D ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME HAYNES, JIM  
STREET ADDRESS 1812 S.E. 8TH STREET  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE D ☐ Change ☒ Addition  
NAME Andrews, Betty  
STREET ADDRESS 9 S..E. 17th Avenue  
CITY-ST-ZIP Cape Coral, FL 33990

TITLE PD ☒ Delete  
NAME RIGGS, THOMAS  
STREET ADDRESS 1013 LOVELY LANE  
CITY-ST-ZIP FT MYERS FL 33903

TITLE S/D ☐ Change ☒ Addition  
NAME Cali, Janet  
STREET ADDRESS 17437 Meadow Lake Circle  
CITY-ST-ZIP Fort Myers, FL 33912

TITLE D ☐ Delete  
NAME RAWLINGS, WAYNE  
STREET ADDRESS 71 E NORTH SHORE AVE  
CITY-ST-ZIP FT MYERS FL 33917

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

MERLE F. HENRY

(941) 481-51

Date

Daytime Phone #

FILED  
Jan 20, 2000 8:00 am  
Secretary of State

01-20-2000 90247 050 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE