2002 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2002 8:00 am **DOCUMENT # NO100005154** Secretary of State GULF COAST VENTURE FORUM, INC. 01-30-2002 90058 025 ****61.25 Mailing Address Principal Place of Business 5811 PELICAN BAY BLVD SUITE 206-A 5811 PELICAN BAY BLVD SUITE 206-A NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 66 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SICCAFFREY, JUDITH E 5811 PELICAN BAY BLVD SUITE 206-A NAPLES FL 34108 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Delete TITLE NAME NAME 206-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME Airport STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete -- ---TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE Change NAME STREET ADDRESS STREET ADDRESS 33901 . CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Directors CITY-ST-ZIP 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

1/14/02

2600

Davtime Phone #

FILED

Attachment 8/1426 Doet No/000005154

Attachment

Item 10: Title, Name, Street Address, City, State, Zip Code

Title: Director Joe Cox 3001 North Tamiami Trail, Suite 101 Naples, Florida 34103

Title: Director
John W. Hoyt
7425 Pelican Bay Blvd., No. 2006
Naples, Florida 34108-5506

Title: Director Richard Pegnetter 10501 FCGO Boulevard S., Ft. Myers, Florida 33965-6565

Title: Director Richard Censits 688 Annemore Lane Naples, Florida 34108

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