

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

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90137 019 \*\*\*\*61.25

**DOCUMENT # N01000007620**

1. Entity Name

**GULF COAST SOCIAL CLUB INC.**



Principal Place of Business

**3315 WELLINGTON RD  
PENSACOLA FL 32504**

Mailing Address

**3315 WELLINGTON RD  
PENSACOLA FL 32504**

2. Principal Place of Business

**3765 Summer Dr.**

3. Mailing Address

**3765 Summer Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pensacola FL**

City & State

**Pensacola FL**

Zip

Country

Zip

Country

**32504 USA**

**32504 USA**

4. FEI Number **59-3750489**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SEELY, DANIEL A  
3315 WELLINGTON RD  
PENSACOLA FL 32504**

7. Name and Address of New Registered Agent

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

*Daniel A Seely*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DCEO** ☐ Delete  
NAME **SEELY, DANIEL A**  
STREET ADDRESS **3315 WELLINGTON RD**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **DCFO** ☐ Delete  
NAME **SEELY, SEAN J**  
STREET ADDRESS **1149 MERRIE WAY**  
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **D** ☐ Delete  
NAME **ROBERTS, DONALD**  
STREET ADDRESS **1415 DEXTER AVE**  
CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☐ Delete  
NAME **ESSER, STEVEN L**  
STREET ADDRESS **129 RED BREAST LN**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **D** ☐ Delete  
NAME **BAKER, ALBERT G**  
STREET ADDRESS **3765 SUMMER DR**  
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

*Daniel A Seely*

**5/26/03 850-206-7887**

CR2E037 (10/02)