

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01362

1. Entity Name

GULF COAST GEM & MINERAL SOCIETY, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90024 038 \*\*\*\*61.25

Principal Place of Business

710 IOWA AVE., (LYNN HAVEN, FL)  
P. O. BOX 1885  
PANAMA CITY FL 32402

Mailing Address

408 ROWE DRIVE  
PANAMA CITY FL 32401-3968  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1272609

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COOK, GEORGE  
222 BEULAH AVE  
CALLAWAY FL 32404

Name

Mc Coy, Sara A

Street Address (P.O. Box Number is Not Acceptable)

453 Sudduth Ave

City

Panama City FL

FL

Zip Code

32401

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

*Sara A McCoy*

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 ☐ Delete  
NAME S  
STREET ADDRESS NEAL, BIBIANA  
CITY-ST-ZIP 453 SUDDUTH AVE  
PANAMA CITY FL 32401

TITLE ☒ Change ☐ Addition  
NAME Secretary  
STREET ADDRESS Neal, Bibiana  
CITY-ST-ZIP 408 Rowe Dr  
Panama City FL 32401

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COOK, GEORGE  
CITY-ST-ZIP 222 BEULAH AVE  
CALLAWAY FL 32404

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS COOK, TEIR JUANA  
CITY-ST-ZIP 222 BEULAH AVE  
CALLAWAY FL

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS HAVILAND, GUY  
CITY-ST-ZIP 2929 FAIRMONT DR  
PANAMA CITY FL

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS PORTER, JACK  
CITY-ST-ZIP 339 FLOYD DRIVE  
LYNN HAVEN FL

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

TITLE ☐ Delete  
NAME O  
STREET ADDRESS MCCAY, SARA A  
CITY-ST-ZIP 453 SUDDUTH AVE  
PANAMA CITY FL 32401

TITLE ☒ Change ☐ Addition  
NAME President  
STREET ADDRESS Mc Coy, Sara A  
CITY-ST-ZIP 453 Sudduth Ave  
Panama City FL 32401

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:

*Sara A McCoy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)