

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N01362**

1. Entity Name

**GULFCOAST GEM & MINERAL SOCIETY, INC.****FILED****Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90034 036 \*\*\*\*\*61.25

UNIFORM

Principal Place of Business

Mailing Address

710 IOWA AV  
LYNN HAVEN FL 324443133 W 21 CT  
PANAMA CITY FL 32405  
US

2. Principal Place of Business

3. Mailing Address

408 ROWE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

PANAMA CITY, FL

Zip

Country

Zip

Country

32401

USA

4. FEI Number

58-1272609

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORTER, JACK  
339 FLOYD DR  
LYNN HAVEN FL 32444

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 **NEAL, BIBIANA**  
STREET ADDRESS **408 ROWE DR**  
CITY-ST-ZIP **PANAMA CITY FL 32401**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **P** ☐ Delete  
NAME **PORTER, JACK**  
STREET ADDRESS **339 FLOYD DR**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP** ☐ Delete  
NAME **HALL, GEORGE**  
STREET ADDRESS **607 INDIANA AV**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **S** ☐ Delete  
NAME **GUTTING, BOB**  
STREET ADDRESS **3133 W 21 CT**  
CITY-ST-ZIP **PANAMA CITY FL 32405**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **T** ☒ Delete  
NAME **LOMBARDI, HELEN**  
STREET ADDRESS **1312 COLORADO AV**  
CITY-ST-ZIP **LYNN HAVEN FL 32444**TITLE ☒ Change ☐ Addition  
NAME **TREASURER**  
STREET ADDRESS **BIBIANA NEAL**  
CITY-ST-ZIP **408 ROWE DRIVE**  
**PANAMA CITY, FL 32401**TITLE **D** ☐ Delete  
NAME **COOK, GEORGE**  
STREET ADDRESS **222 BEALAH AV**  
CITY-ST-ZIP **CALLAWAY FL 32404**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: *BIBIANA NEAL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-02

Date

850-763-0264

Daytime Phone #

CR2E037 (9/01)