2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: BARBER NYALLER STREET RE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # N04623** Jan 12, 2000 8:00 am 1. Entity Name GOLD COAST TRAVEL INDUSTRY ASSOCIATES, INC. **Secretary of State** 01-12-2000 90112 006 ****70.00 Mailing Address Principal Place of Business P.O. BOX 7892 P.O. BOX 7892 DELRAY BEACH FL 33482 DELRAY BEACH FL 33481-0472 2. Principal Place of Business 3. Mailing Address 810472 6.0°.00x Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Doca Katon Boca 59-2510469 axon Not Applicable Country \$8.75 Additional R2U 3348 5. Certificate of Status Desired JSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MANUS, BARBARA 4498 NW 26TH AVENUE **BOCA RATON FL 33434** City 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. TOTAL TOTAL Treasure SIGNATURE BARBARA MANUS Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME GREEN, CRYSTAL M NAME STREET ADDRESS STREET ADDRESS 301 YAMARO RD, #1150 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** FVD Addition 🗶 Delete TIT! F Change FVD NIKLAS. SAKOANA NAME FLEWELLYN, DALE NAME malousia. Amerines STREET ADDRESS STREET ADDRESS 8408 ELAINE DR. CITY-ST-ZIP CITY-ST-7IP **BOYNTON BEACH FL 33437** 33301 CSD Addition TITLE CSD Delete TITLE Change BRIGHOLD NAME NAME MARTIN. SUE 110 EXECUTIVE CIRCLE STREET ADDRESS 14590 S. MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33486** TITLE Change ☐ Addition TITLE TD ☐ Delete NAME MANUS, BARBARA STREET ADDRESS STREET ADDRESS 4498 NW 26TH AVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** らりひ SVD Delete TITLE Change Addition TITLE rawayne Keyser nactioning tolland 550 Glades Road ZAWAYRE NAME KAPIT, JODY NAME STREET ADDRESS STREET ADDRESS 3101 PORT ROYALE BLVD, #831 CITY-ST-ZIP CITY-ST-ZIP 3343(FT LAUDERDALE FL 33708 Raton SD TITLE ☐ Change ☐ Addition TITLE Delete NAME ANDRACHUK, LYNN NAME STREET ADDRESS STREET ADDRESS 1428 SE 4TH AVE, #119C CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BCH FL 33441** 12. I hereby certify that the information supplied with this filling 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.

Date