

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06431

1. Entity Name

GOLD COAST TREASURY MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 14222
FT LAUDERDALE FL 33302

P.O. BOX 14222
FT LAUDERDALE FL 33302-4222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2666754

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

LIANA SANCHEZ
C/O COMERICA BANK
100 NE THIRD AVE., STE 200
FORT LAUDERDALE FL 33301

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 PD
NAME SCOTT CRAIG
STREET ADDRESS 700 UNIVERSE BLVD
CITY-ST-ZIP JUNO BCH FL 33441 ☒ Delete

TITLE PD
NAME Vivian Garcia c/o Arvida
STREET ADDRESS 7900 Glades Road P O Box 100
CITY-ST-ZIP Boca Raton, FL 33429 ☐ Change ☒ Addition

TITLE VD
NAME FRONTIERA, JOSEPH
STREET ADDRESS 801 ARTHUR GODFREY RD.
CITY-ST-ZIP MIAMI BCH FL 33140 ☒ Delete

TITLE VD
NAME Stephen Walton c/o SunTrust Bank
STREET ADDRESS 501 East Las Olas Blvd, 6th Floor
CITY-ST-ZIP Fort Lauderdale, FL 33301 ☐ Change ☒ Addition

TITLE SD
NAME GENDAL, LISA
STREET ADDRESS ONE FINANCIAL PLAZA/ FL6-808-10-04
CITY-ST-ZIP FT LAUDERDALE FL 33394 ☐ Delete

TITLE
NAME Lisa Gendal c/o NationsBank
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TD
NAME LIANA SANCHEZ
STREET ADDRESS 100 NE THIRD AVE., STE 200
CITY-ST-ZIP FT LAUDERDALE FL 33301 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VD
NAME Laura Horvath c/o First Union
STREET ADDRESS 1950 Hillsboro Boulevard FL6005
CITY-ST-ZIP Deerfield Beach, FL 33442 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

3/13/2000 (954) 468-0634.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90124 002 ****61.25



DO NOT WRITE IN THIS SPACE