

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06431

1. Entity Name

GOLD COAST TREASURY MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 14222
FT LAUDERDALE FL 33302

Mailing Address

P.O. BOX 14222
FT LAUDERDALE FL 33302

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARCIA, VIVIAN	
STREET ADDRESS	7900 GLADES RD - P O BOX 100	
CITY-ST-ZIP	BOCA RATON FL 33429	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WALTON, STEPHEN	
STREET ADDRESS	501 E. LAS OLAS BLVD -6TH FLR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GENDAL, LISA	
STREET ADDRESS	ONE FINANCIAL PLAZA/ FL6-808-10-04	
CITY-ST-ZIP	FT LAUDERDALE FL 33394	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LIANA SANCHEZ	
STREET ADDRESS	100 NE THIRD AVE., STE 200	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HORVATH, LAURA	
STREET ADDRESS	%FIRST UNION 1950 HILLSBORO BLVD	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Miller, Tina	
STREET ADDRESS	501 South Flagler Drive	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ledeay, Jacqueline	
STREET ADDRESS	1950 Hillsboro Blvd, 2nd Floor	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90060 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)