

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90119 038 \*\*\*\*61.25

**DOCUMENT # N07716**

1. Entity Name

**GOLD COAST VENTURE CAPITAL CLUB, INC.**

Principal Place of Business

Mailing Address

C/O JONATHAN E. COLE  
 250 ROYAL PALM WAY, SUITE 300  
 PALM BEACH FL 33480

C/O JONATHAN E. COLE  
 250 ROYAL PALM WAY, SUITE 300  
 PALM BEACH FL 33480-4319

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

**59-2506073**

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

**COLE, JONATHAN E.**  
**250 ROYAL PALM WAY**  
**SUITE 300**  
**PALM BEACH FL 33480**

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 **DONNELLY, MIKE**  
 STREET ADDRESS **1000 MCNAB ROAD**  
 CITY-ST-ZIP **POMPANO BCH. FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **P**  Delete  
 NAME **BATES, DAVID**  
 STREET ADDRESS **777 S. FLAGLER DR. #500E**  
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **IGOE, JOHN G.**  
 STREET ADDRESS **250 ROYAL PALM WAY**  
 CITY-ST-ZIP **PALM BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **WASSERMAN, ADAM**  
 STREET ADDRESS **MILWARD & CO., 2745 W CPYRESS CREEK RD**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP**  Delete  
 NAME **KLATT, LAWRENCE**  
 STREET ADDRESS **500 NW 20TH ST. RM 157**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **SIEGEL, DONNA**  
 STREET ADDRESS **5455 N FEDERAL HWY, STE Q**  
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **S**  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:

*Signature*  
**SIGNATURE REQUIRED**  
 JOHN G. IGOE, DIRECTOR

April 20, 2000 561-833-7700

Date Daytime Phone #

CR2E037 (9/99)