

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 26, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N07716**

1. Entity Name  
**GOLD COAST VENTURE CAPITAL CLUB, INC.**

Principal Place of Business C/O JONATHAN E. COLE 250 ROYAL PALM WAY, SUITE 300 PALM BEACH 33480	FL	Mailing Address C/O JONATHAN E. COLE 250 ROYAL PALM WAY, SUITE 300 PALM BEACH 33480	FL
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2. Principal Place of Business C/O JONATHAN E. COLE	3. Mailing Address C/O JONATHAN E. COLE
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Suite, Apt. #, etc. ONE NORTH CLEMATIS STREET, SUITE 400	Suite, Apt. #, etc. ONE NORTH CLEMATIS STREET, SUITE 400
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City & State WEST PALM BEACH FL	City & State WEST PALM BEACH FL
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Zip 33401	Country	Zip 33401	Country
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4. FEI Number <b>59-2506073</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
 COLE, JONATHAN E.  
 Street Address (P.O. Box Number is Not Acceptable)  
 C/O EDWARDS & ANGELL, LLP  
 ONE NORTH CLEMATIS STREET, SUITE 400  
 City  
 WEST PALM BEACH  
 FL  
 Zip Code  
 33401

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 **JONATHAN E. COLE**

**04/26/2001**

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 NAME STREET ADDRESS CITY-ST-ZIP	S SIEGEL DONNA 5455 N FEDERAL HWY, STE Q BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLATT, LAWRENCE 500 NW 20TH ST. RM 157 BOCA RATON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WASSERMAN ADAM MILWARD & CO., 2745 W CPYRESS CREEK RD FT LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IGOE, JOHN G. 250 ROYAL PALM WAY PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BATES DAVID 777 S. FLAGLER DR. #500E WEST PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNELLY, MIKE 1000 MCNAB ROAD POMPANO BCH. FL	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL DONNA 5455 N FEDERAL HWY, STE Q BOCA RATON FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PSONIS GEORGE 22783 SOUTH STATE ROAD 7, NO. 56 BOCA RATON FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **David Bates**

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04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-time Phone #

CR2E037 (11/00)

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**GOODWIN, SID      D**  
**C/O GOLD COAST**  
**22783 SOUTH STATE ROAD 7, NO. 56**  
**BOCA RATON FL 33428**

**SCHWARTZ,ALVIN    D**  
**C/O GOLD COAST**  
**22783 SOUTH STATE ROAD 7, NO. 56**  
**BOCA RATON FL 33428**

**PECK, ANDY        D**  
**C/O GOLD COAST**  
**22783 SOUTH STATE ROAD 7, NO. 56**  
**BOCA RATON FL 33428**

**BEROFF, ART        D**  
**C/O GOLD COAST**  
**22783 SOUTH STATE ROAD 7, NO. 56**  
**BOCA RATON FL 33428**

**KAPLAN, WARREN    D**  
**C/O GOLD COAST**  
**22783 SOUTH STATE ROAD 7, NO. 56**  
**BOCA RATON FL 33428**

**BATES, ELIZABETH   D**  
**C/O GOLD COAST**  
**22783 SOUTH STATE ROAD 7, NO. 56**  
**BOCA RATON FL 33428**

**SILVER, DAVID      VP**  
**C/O GOLD COAST**  
**22783 SOUTH STATE ROAD 7, NO. 56**  
**BOCA RATON FL 33428**

**SHAPIRO, JOHN     VP**  
**C/O GOLD COAST**  
**22783 SOUTH STATE ROAD 7, NO. 56**  
**BOCA RATON FL 33428**