

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09101

1. Entity Name

GOLD COAST WOMEN VETERANS, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90136 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4200 MAINLAND DR  
TAMARAC FL 33319  
US

4200 MAINLAND DR  
TAMARAC FL 33319-5840  
US

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

59-2511521

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

GOULART, DORIS D  
4200 MAINLAND DRIVE  
TAMARAC FL 33319-5840

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          | SD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | BEECHER, RUTH B              |  |
| STREET ADDRESS | 143 S. LAUREL DR., BLDG. 6   |  |
| CITY-ST-ZIP    | MARGATE FL 33063             |  |
| TITLE          | TD                           | <input type="checkbox"/> Delete            |
| NAME           | GOULART, DORIS D             |  |
| STREET ADDRESS | 4200 MAINLAND DR             |  |
| CITY-ST-ZIP    | TAMARAC FL 33319             |  |
| TITLE          | SD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | RENTA, MARION W.             |  |
| STREET ADDRESS | 4033 ASHBY D                 |  |
| CITY-ST-ZIP    | DEERFIELD BEACH FL 33442     |  |
| TITLE          | VD                           | <input type="checkbox"/> Delete            |
| NAME           | COOKE, HELEN                 |  |
| STREET ADDRESS | 7300 N DAVIE ROAD, EXT. #220 |  |
| CITY-ST-ZIP    | HOLLYWOOD FL 33024           |  |
| TITLE          | VD                           | <input type="checkbox"/> Delete            |
| NAME           | BURCH, MARY                  |  |
| STREET ADDRESS | 8620 SW 18 CT                |  |
| CITY-ST-ZIP    | FORT LAUDERDALE FL 33324     |  |
| TITLE          | PD                           | <input type="checkbox"/> Delete            |
| NAME           | YOUNG, KATHRYN               |  |
| STREET ADDRESS | 6086A LIVE OAK COURT         |  |
| CITY-ST-ZIP    | TAMARAC FL 33319             |  |

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | VD                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | WESTIN, EUNICE            |  |
| STREET ADDRESS | 2502 SW 15 ST.            |  |
| CITY-ST-ZIP    | DEERFIELD BEACH, FL 33442 |  |
| TITLE          | SD                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | OWNBY, MIRIAM             |  |
| STREET ADDRESS | 351 NW 134 WAY            |  |
| CITY-ST-ZIP    | PLANTATION, FL 33325      |  |
| TITLE          | SD                        | <input checked="" 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          | PD                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | ANTON, JOSEPHINE          |  |
| STREET ADDRESS | 45 PRESTON B              |  |
| CITY-ST-ZIP    | BOCA RATON, FL 33434      |  |

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:

*Doris D. Goulart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-2000

Date

954-733-6428

Daytime Phone #

CR2E037 (9/99)