

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90009 002 ****61.25

DOCUMENT # N09101

1. Entity Name

GOLD COAST WOMEN VETERANS, INC.

Principal Place of Business

4200 MAINLAND DR
 TAMARAC FL 33319
 US

Mailing Address

4200 MAINLAND DR
 TAMARAC FL 33319
 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** ☐ Delete
 NAME **OWNBY, MIRIAM**
 STREET ADDRESS **351 NW 134 WAY**
 CITY-ST-ZIP **PLANTATION FL 33325**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **GOULART, DORIS D**
 STREET ADDRESS **4200 MAINLAND DR**
 CITY-ST-ZIP **TAMARAC FL 33319**

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

TITLE **VD** ☐ Delete
 NAME **WESTIN, EUNICE**
 STREET ADDRESS **2502 SW 15 ST**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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

TITLE **SD** ☐ Delete
 NAME **COOKE, HELEN**
 STREET ADDRESS **7300 N DAVIE ROAD, EXT. #220**
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE **VD** ☐ Delete
 NAME **BURCH, MARY**
 STREET ADDRESS **8620 SW 18 CT**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33324**

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

TITLE **PD** ☒ Delete
 NAME **YOUNG, KATHRYN**
 STREET ADDRESS **6086A LIVE OAK COURT**
 CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **SD** ☐ Change ☒ Addition
 NAME **BEECHER, RUTH B**
 STREET ADDRESS **143 S. LAUREL DR. BLDG. 6**
 CITY-ST-ZIP **MARGATE FL 33063**

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** *Doris D Goulart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 15, 2002 954-733-6428

Date

Daytime Phone #

CR2E037 (9/01)