

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90030 023 ****61.25

DOCUMENT # N17096

1. Entity Name

GOLD COAST PROMOTIONAL PRODUCTS ASSOCIATION, INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4939 SW 148TH AVENUE SUITE 315
 FT. LAUDERDALE FL 33330
 US

4839 SW 148TH AVE
 FT. LAUDERDALE FL 33330-2129
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2737710

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAGAS, MARLENA D
 167 PINEAPPLE GROVE WAY SUITE 2C
 DELRAY BEACH FL 33444

Name **Christopher S. McKee**

Street Address (P.O. Box Number is Not Acceptable)
5190 NW 167 St., Ste. 109

City **Miami**

FL

Zip Code
33014

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 *Christopher S. McKee*

Christopher S. McKee, Treasurer

4/24/2000

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 ☐ Delete
 NAME **MILLER, JOESPH**
 STREET ADDRESS **1440 CORAL RIDGE DR. 346**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition
 NAME **Christopher S. McKee**
 STREET ADDRESS **5190 NW 167 St., Suite 109**
 CITY-ST-ZIP **Miami, FL 33014**

TITLE ☒ Delete
 NAME **CHAGAS, MARLENA D**
 STREET ADDRESS **167 NE 2ND AVE**
 CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Change ☒ Addition
 NAME **Christopher S. McKee**
 STREET ADDRESS **5190 NW 167 St., Suite 109**
 CITY-ST-ZIP **Miami, FL 33014**

TITLE ☐ Delete
 NAME **GRUNDLEDGER, PAULA**
 STREET ADDRESS **3350 NW 22ND TERRACE #100-B**
 CITY-ST-ZIP **POMPANO BCH FL 33069**

TITLE ☐ Change ☐ Addition
 NAME **Christopher S. McKee**
 STREET ADDRESS **5190 NW 167 St., Suite 109**
 CITY-ST-ZIP **Miami, FL 33014**

TITLE ☐ Delete
 NAME **MCCLEAN, CAROL**
 STREET ADDRESS **6300 MANOR LANE #101**
 CITY-ST-ZIP **S. MIAMI FL 33143**

TITLE ☐ Change ☐ Addition
 NAME **Christopher S. McKee**
 STREET ADDRESS **5190 NW 167 St., Suite 109**
 CITY-ST-ZIP **Miami, FL 33014**

TITLE ☐ Delete
 NAME **TUCHLER, GARY**
 STREET ADDRESS **2230 SW 70TH AVE #1**
 CITY-ST-ZIP **DAVIE FL 33330**

TITLE ☐ Change ☐ Addition
 NAME **Christopher S. McKee**
 STREET ADDRESS **5190 NW 167 St., Suite 109**
 CITY-ST-ZIP **Miami, FL 33014**

TITLE ☒ Delete
 NAME **NUSTROM, JUDY**
 STREET ADDRESS **9700S DIXIE HWY**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☒ Addition
 NAME **Stuart Mandell**
 STREET ADDRESS **4101 Ravenswood Rd., #201**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

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:

Christopher S. McKee
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)