

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

04-16-2001 90242 009 ****61.25

DOCUMENT # N17096

1. Entity Name

GOLD COAST PROMOTIONAL PRODUCTS ASSOCIATION, INC

Principal Place of Business

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

Mailing Address

4839 SW 148TH AVE
 FT. LAUDERDALE FL 33330
 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

59-2737710

Applied For

Not Applicable

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

MCKEE, CHRISTOPHER S
5190 NW 167 ST STE 109
HIALEAH FL 33014

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MILLER, JOESPH	
STREET ADDRESS	1440 CORAL RIDGE DR. 346	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCKEE, CHRISTOPHER S	
STREET ADDRESS	5190 NW 167 ST STE 109	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRUNDLEDGER, PAULA	
STREET ADDRESS	3350 NW 22ND TERRACE #100-B	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLEAN, CAROL	
STREET ADDRESS	6300 MANOR LANE #101	
CITY-ST-ZIP	S. MIAMI FL 33143	
TITLE	T	<input type="checkbox"/> Delete
NAME	TUCHLER, GARY	
STREET ADDRESS	2230 SW 70TH AVE #1	
CITY-ST-ZIP	DAVIE FL 33330	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENDELL, STUART	
STREET ADDRESS	4101 RAVENSWOOD RD 201	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	REG CLERK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY HYDEMAN	
STREET ADDRESS	2359 NW 22ND	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	J.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROY GETZOFF	
STREET ADDRESS	1099 SUDGEM RD	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURT HYDEMAN ARLINE PRICIFIO	
STREET ADDRESS	1435 BANKS RD	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEON RYDOLPH	
STREET ADDRESS	15959 NW 15 AVE	
CITY-ST-ZIP	MIAMI FL 33169	

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 REQUIRED BY RESIDENT

GARY TUCHLER

4/11/01

954-723-7885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)