

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22024

1. Entity Name

GOLD COAST CHAPTER OF THE FLORIDA ASSOCIATION OF

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90104 001 ****61.25

01-26-2000 90104 002 *****8.75

Principal Place of Business

Mailing Address

% LORENE BRIDGES
4282 PAUL RUSSELL RD.
TALLAHASSEE FL 32301

% LORENE BRIDGES
1282 PAUL RUSSELL RD.
TALLAHASSEE FL 32301-7103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1292 CEDAR CENTER DR.

1292 CEDAR CENTER DR.

City & State

City & State

TALLAHASSEE FL

TALLAHASSEE, FL

Zip

Country

Zip

Country

32301

LEON

32301

LEON

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORDELL-SMITH, KAREN
1292 CEDAR CENTER DR
TALLAHASSEE FL 32301

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 PD
NAME ARBULU, MARIANNE
STREET ADDRESS 200 W HILLBORO BLVD, STE 204
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE RD
NAME Randy Motooka
STREET ADDRESS 8231 NW 51st Street
CITY-ST-ZIP Coral Springs FL 33067

TITLE VPD
NAME LEVINE, DAVID
STREET ADDRESS 6190 N.W. 11TH ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE VPD
NAME Florencia Amico
STREET ADDRESS 274 Jachanda Drive
CITY-ST-ZIP Plantation FL 33324

TITLE TD
NAME MOTOOKA, RANDY
STREET ADDRESS 5530 S.W. 58TH CT
CITY-ST-ZIP FT LAUDERDALE FL 33314

TITLE TD
NAME Ann Ryan
STREET ADDRESS PO Box 11878
CITY-ST-ZIP Ft Lauderdale, FL 33339-11878

TITLE SD
NAME GARDNER, JAMES
STREET ADDRESS 65555 N POWERLINE RD., #414
CITY-ST-ZIP FT LAUDERDALE FL 33309

TITLE SD
NAME Sheila Kiniry
STREET ADDRESS 6363 NW 6th Way, #150
CITY-ST-ZIP Ft Lauderdale, FL 33309

TITLE PPD
NAME BYER, PAUL A
STREET ADDRESS 2915 PALM AIRE DR N
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)