

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90013 001 ****61.25

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DOCUMENT # N22621

1. Entity Name

GOLD COAST PROGRESSIVE FIREFIGHTERS ASSOC. OF PA

Principal Place of Business

Mailing Address

PO BOX 926
 WEST PALM BEACH FL 33401

PO BOX 926
 WEST PALM BEACH FL 33401

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

65-0069140

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WILLIAMS, MICHAEL
4852-B ORLEANS CT.
WEST PALM BEACH FL 33415

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.

(NOT: 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	PD	<input checked="" type="checkbox"/> Delete
NAME	TURNQUEST, RHETT	
STREET ADDRESS	2055 TIGRIS DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MAXWELL, TANIA R.	
STREET ADDRESS	5520 N HAVERHILL RD #26	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, MICHAEL	
STREET ADDRESS	4852-B ORLEANS CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	SANTAS, GORDAN	
STREET ADDRESS	1900 N CONGRESS AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	SAD	<input checked="" type="checkbox"/> Delete
NAME	RICH, TITUS	
STREET ADDRESS	617 S MANGONIA CIR	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BLOCKSON, PAUL	
STREET ADDRESS	1802 PIERCE DR	
CITY-ST-ZIP	LAKE WORTH FL 33460	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, TANIA R.	
STREET ADDRESS	5520 N. HAVERHILL RD #26	
CITY-ST-ZIP	WEST PALM BEACH, FL. 33407	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LANDON	
STREET ADDRESS	5706 CHANNEL DRIVE	
CITY-ST-ZIP	GREENACRES, FL. 33463	
TITLE		<input 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	SAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LEONARD R.	
STREET ADDRESS	4852-A ORLEANS CT.	
CITY-ST-ZIP	WEST PALM BEACH, FLA 33415	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMMONS, LATOSHA	
STREET ADDRESS	7329 PALM DEL DRIVE	
CITY-ST-ZIP	LANTANA, FLA. 33462	

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:

Michael A. Blockson Treasurer

5/30/2001 (561) 683-2197

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)