

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N24873**

1. Entity Name

GOLD COAST MAKO OWNER'S CLUB, INC.

Principal Place of Business

**3701 S FLAGLER DR
B401
WEST PALM BEACH FL 33405
US**

Mailing Address

**3701 S FLAGLER
B401
WEST PALM BEACH FL 33405
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

65-0116259

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MUNRO, BILL
3701 S. FLAGLER DR., B 401
WEST PALM BEACH FL 33405**

7. Name and Address of New Registered Agent

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	DP	<input type="checkbox"/> Delete
NAME	MUNRO, BILL	
STREET ADDRESS	3701 S. FLAGLER DR., B 401	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MATES, LINDA	
STREET ADDRESS	141 TURTLE CREEK DR	
CITY-ST-ZIP	TEQUESTA FL 33469	

TITLE	D1	<input type="checkbox"/> Delete
NAME	AUMEN, NICK	
STREET ADDRESS	200 WEST RIVERSIDE DR	
CITY-ST-ZIP	JUPITER FL 33469	

TITLE	D	<input type="checkbox"/> Delete
NAME	MATES, LINDA	
STREET ADDRESS	141 TURTLE CREEK DR	
CITY-ST-ZIP	TEQUESTA FL 33469	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATES, LINDA	
STREET ADDRESS	129 CENTER ST.	
CITY-ST-ZIP	JUPITER FL 33458	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ABOVE	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:**SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90025 024 ****61.25

A0054827

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)