

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90108 013 ****61.25

DOCUMENT # N37799

1. Entity Name

GULF COAST TRIATHLON FOUNDATION, INC.

Principal Place of Business

Mailing Address

1618 ISABELLA AVE
PANAMA CITY FL 32401
US

P.O. BOX 4055
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

9851 S. Thomas Drive

P.O. Box 15456

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 213

City & State
Panama City Beach, FL

City & State
Panama City FL

Zip
32408

Country
USA

Zip
32406

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2308102

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

BRAMBLETT, SHELLEY A
102 QUEENS CIRCLE
PANAMA CITY FL 32405

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

Shelley A. Bramblett

Shelley A. Bramblett

1/14/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DALY, JOHN
4614 DELWOOD PARK BLVD
PANAMA CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
BRAMBLETT, SHELLEY A
102 QUEENS CIRCLE
PANAMA CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MC TRUSTY, TIM
114 SAND DOLLAR DR.
PANAMA CITY BC ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOYD, DAVID
805 MALLODY DRIVE
PANAMA CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SWIGLER, ALAN
719 BEACHCOMBER DR
PANAMA CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIMS, CAROL
565 HARRISON AVE
PANAMA CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Shelley A. Bramblett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

1/14/01

(850) 235-0720

Date

Daytime Phone #

CR2E037 (10/00)

0015960