

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
 02-07-2002 90004 036 ****61.25

DOCUMENT # N37799

1. Entity Name

GULF COAST TRIATHLON FOUNDATION, INC.

Principal Place of Business

**9851 S. THOMAS DR
 SUITE 213
 PANAMA CITY FL 32408
 US**

Mailing Address

**PO BOX 15456
 PANAMA CITY FL 32406**

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 **59-2308102**

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

1/15/02

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

TITLE ☐ Change ☒ Addition
 NAME **Josie Strange**
 STREET ADDRESS **16217 E. Lullwater Drive**
 CITY-ST-ZIP **Panama City Beach, FL 32413**

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

TITLE ☐ Change ☒ Addition
 NAME **Carrie Harrison**
 STREET ADDRESS **3355 Preakness Place**
 CITY-ST-ZIP **Chipley, FL 32428**

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

TITLE ☐ Change ☒ Addition
 NAME **Brian Didier**
 STREET ADDRESS **636 N. 9th Place**
 CITY-ST-ZIP **Parker, FL 32404**

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

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

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

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

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

TITLE ☐ Change ☐ 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:

Shelley A Bramblett

1/15/02 850-522-8781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)