

## 2000 UNIFORM BUSINESS REPORT (UBR)

1/2:

DOCUMENT # N41353

1. Entity Name

GULF COAST WONDER AND IMAGINATION ZONE, INC.

Principal Place of Business

Mailing Address

8251 15TH STREET EAST  
SARASOTA FL 34243  
US8251 15TH STREET EAST  
SARASOTA FL 34243-2701  
US

2. Principal Place of Business

3. Mailing Address

1001 Blvd. of the Arts

1001 Blvd. of the Arts

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Sarasota, Florida

City &amp; State

Sarasota, Florida

Zip

34236

Country

U.S.A.

Zip

34236

Country

U.S.A.

4. FEI Number

65-0268098

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

FARRELL, ELVA  
118 HOLLY AVE  
SARASOTA FL 34243

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

*Elva Farrell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/00

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TECCE, TONY	
STREET ADDRESS	P.O. BOX 2632 N/A	
CITY-ST-ZIP	SARASOTA FL 34230	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SORENSEN, OLE	
STREET ADDRESS	4813 STONE RIDGE TRAIL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STRICKLAND, CAROLINE	
STREET ADDRESS	1858 RINGLING BLVD.	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change
NAME	Larry Schweber	
STREET ADDRESS	5205 Fruitville Road	
CITY-ST-ZIP	Sarasota, FL 34232	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Lovejoy, Th.D.	
STREET ADDRESS	P.O. Box 1058	
CITY-ST-ZIP	Sarasota, FL 34230	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ev Shade	
STREET ADDRESS	755 S. Palm Avenue #301	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	V-2nd D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joyce Mintzer	
STREET ADDRESS	101 S. Gulfstream Ave	
CITY-ST-ZIP	Sarasota, FL 34236	
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

1/19/2000

941-  
906-1851

Date

Daytime Phone #

FILED  
Apr 24, 2000 8:00 am  
Secretary of State

01-25-2000 90071 044 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE