

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/2

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90380 022 \*\*\*\*70.00

**DOCUMENT # N41353**

1. Entity Name

**GULFCOAST WONDER AND IMAGINATION ZONE, INC.**

Principal Place of Business

Mailing Address

1001 BLVD. OF THE ARTS  
 SARASOTA FL 34238  
 US

1001 BLVD. OF THE ARTS  
 SARASOTA FL 34238  
 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

**65-0268098**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FARRELL, ELVA**  
**118 HOLLY AVE**  
**SARASOTA FL 34243**

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

*Elva Farrell*

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	PD	<input type="checkbox"/> Delete
NAME	SCHWEBER, LARRY	
STREET ADDRESS	5205 FRUITVILLE RD	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHADE, EV	
STREET ADDRESS	755 S PALM AV 301	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MINTZER, JOYCE	
STREET ADDRESS	101 S GULFSTREAM AV	
CITY-ST-ZIP	SARASOTA FL 34238	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Sheldon	
STREET ADDRESS	3650 Country Pl. Blvd	
CITY-ST-ZIP	Sarasota, FL 34233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1st Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irving Naiditch	
STREET ADDRESS	1000 Longboat Key Club	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	2nd VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marie Barr	
STREET ADDRESS	3040 Gulf of Mexico Drive	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Earl Towler	
STREET ADDRESS	4916 Hidden Oaks Trail	
CITY-ST-ZIP	Sarasota, FL 34232	

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:

*Elva Farrell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/01)