

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90173 017 *****61.25

DOCUMENT # N41353

1. Entity Name

GULF COAST WONDER AND IMAGINATION ZONE, INC.



Principal Place of Business

**1001 BLVD. OF THE ARTS
SARASOTA FL 34236
US**

Mailing Address

**1001 BLVD. OF THE ARTS
SARASOTA FL 34236
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 **Richard Sheldon**

Street Address (P.O. Box Number is Not Acceptable)

3650 Country Pl Blvd

City

Sarasota

FL

Zip Code

34233

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard G. Sheldon

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHWEBER, LARRY	
STREET ADDRESS	5205 FRUITVILLE RD	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHELDON, RICHARD	
STREET ADDRESS	3650 COUNTRY PL. BLVD.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	1VPD	<input checked="" type="checkbox"/> Delete
NAME	NAIDITCH, IRVING	
STREET ADDRESS	1000 LONGBOAT CLUB	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	BARR, MARIE	
STREET ADDRESS	3240 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOWLER, EARL	
STREET ADDRESS	4916 HIDDEN OAKS TRAIL	
CITY-ST-ZIP	SARASOTA FL 34232	
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	PD	<input checked="" 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	1VPD	<input checked="" 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	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Matthew Taylor	
STREET ADDRESS	2250 Whittfield Ave E.	
CITY-ST-ZIP	Bradenton, FL 34213	

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:

Richard G. Sheldon

CR2E037 (10/02)