

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 19, 2001 8:00 am
Secretary of State

03-29-2001 90364 046 ****61.25

DOCUMENT # N41791

1. Entity Name

GOLD COAST SNOW SKIERS, INC.

(LA)

Principal Place of Business

Mailing Address

2445 N 37TH AVE
 HOLLYWOOD FL 33021
 US

GOLD COAST SNOW SKIERS
 PO BOX 10961
 POMPAHO BEACH FL 33061

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0246647

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RESMINI, KEN
 2445 N 37TH AVE
 HOLLYWOOD FL 33021

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

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
 NAME EICH, DAVID
 STREET ADDRESS 739 MIDDLE RIVER DR
 CITY-ST-ZIP FORT LAUDERDALE FL 33304 ☒ Delete

TITLE T
 NAME Resmini, Ken
 STREET ADDRESS 2445 N. 37th Ave.
 CITY-ST-ZIP Hollywood, FL 33021 ☒ Change ☐ Addition

TITLE T
 NAME RESMINI, KEN
 STREET ADDRESS 2445 N 37TH AVE
 CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Delete

TITLE D
 NAME Bean, Lana
 STREET ADDRESS 10761 NW-5th Street
 CITY-ST-ZIP Plantation, FL 33324 ☐ Change ☒ Addition

TITLE D
 NAME RESMINI, JAN
 STREET ADDRESS 2445 N. 37TH AVENUE
 CITY-ST-ZIP HOLLYWOOD FL 33021 ☒ Delete

TITLE D
 NAME TONY TRIMACCO
 STREET ADDRESS 2113 N.E. 63 ST.
 CITY-ST-ZIP FT. LAUDERDALE, FL 33308 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

Signature Required

3-27-01

954-583-2832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)