

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N43016**
 1. Entity Name
GOLD COAST ALL BIRD CLUB

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90208 009 ****69.00

Principal Place of Business Mailing Address
P.O. BOX 101164 **P.O. BOX 101164**
FORT LAUDERDALE, FL **FORT LAUDERDALE, FL**
33310 **33310**

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 **65-0257338** Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ERICH SCHILLING
1890 SW 37 TERRACE
FORT LAUDERDALE, FL 33312

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 *Erich Schilling* **ERICH SCHILLING** **4/21/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ERICH SCHILLING 1890 SW 37 TERRACE FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEVIN STONE 1759 SW 81 TERRACE DAVIE, FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LISA RISUT (RISUT) 818 NW 9 AVENUE DANIA, FL 33004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS ROCHELLE SCHWALB 7300 SW 9 th COURT PLANTATION, FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAD SARGENT ROY BERGMAN 905 SW 21 STREET FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBERS & LARGE DIANE VENTO 250 NW 70 th WAY HOLLYWOOD, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROCHELLE SCHWALB 7300 SW 9 COURT PLANTATION, FL 33317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARLANA WEIN 2800 N. 46 th AVENUE HOLLYWOOD, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Erich Schilling* **ERICH SCHILLING** **4/21/00** **(954) 247-3319**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)