

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90134 008 ****70.00

DOCUMENT # N45160

1. Entity Name

GOLD COAST ARCHERS, INC.

Principal Place of Business

Mailing Address

C/O 4166 CAESAR CIRCLE
 LAKE WORTH FL 33463
 US

C/O 4166 CAESAR CIRCLE
 LAKE WORTH FL 33463
 US

2. Principal Place of Business

C/O 128 Longfellow Dr

3. Mailing Address

C/O 128 Longfellow Dr

City & State

Palm Springs FL

City & State

Palm Springs FL

Zip

33461

Country

USA

Zip

33461

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOWER, JANICE
4166 CAESAR CIRCLE
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name

DOREY, RICK J

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

128 Longfellow DR

City

Palm Springs

FL

Zip Code

33461

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rick J. Dorey P.D.

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

(NOTE: Registered Agent signature required when re-registering)

DATE

7/10/02

**After September 13, 2002,
 min. will be \$236.25.**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOREY, RICK J	
STREET ADDRESS	128 LONGFELLOW DR.	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRICE, JOE	
STREET ADDRESS	9311 SUNPOINT DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GOWER, JANICE	
STREET ADDRESS	4166 CAESAR CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	SITES, LARRY	
STREET ADDRESS	1525 17TH AVENUE NORTH	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUREK, SIDNEY	
STREET ADDRESS	3863 BLACK FOREST CIRCLE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, GRANITE	
STREET ADDRESS	773 BELMONT DR.	
CITY-ST-ZIP	WPB FL 33415	
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

7-10-02 561-439-2115

CR2E037 (4/02)