

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90103 036 ****61.25

DOCUMENT # N48442

1. Entity Name

GULF COAST 10-13 CLUB, INC.

Principal Place of Business

**2500 AGUILOS CT
 PORT CHARLOTTE FL 33952**

Mailing Address

**P.O. BOX 3739
 PORT CHARLOTTE FL 33949-3739**

2. Principal Place of Business

3. Mailing Address

P.O. Box 495786

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT CHARLOTTE

Zip

Country

Zip

Country

33949-5786

USA

4. FEI Number

59-2825709

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

7. Name and Address of New Registered Agent

**WRIGHT, EDWARD J
 2500 AGUILOS CT
 PORT CHARLOTTE FL 33952**

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 **P** Delete
 NAME **WRIGHT, EDWARD J**
 STREET ADDRESS **2500 AGUILOS CT**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **V** Change Addition
 NAME **FEDERICI, ROBT.**
 STREET ADDRESS **621 W. RETTA ESPLANADE**
 CITY-ST-ZIP **PUNTA GORDA, FL. 33950**

TITLE **V** Delete
 NAME **MURPHY, MARTIN**
 STREET ADDRESS **1967 NUREMBERG BLVD**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **T** Change Addition
 NAME **KORTH, JOHN**
 STREET ADDRESS **3133 ROCK CREEK DR.**
 CITY-ST-ZIP **PORT CHARLOTTE, FL. 33948**

TITLE **T** Delete
 NAME **PLESCIA, GERARD**
 STREET ADDRESS **7335 SATSUMA DRIVE**
 CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE **D** Addition
 NAME **FREDERICKS, HANS**
 STREET ADDRESS **209 BEENEY RD.**
 CITY-ST-ZIP **PORT CHARLOTTE, FL. 33952**

TITLE **D** Delete
 NAME **CONDON, WILLIAM**
 STREET ADDRESS **380 BELAIRE COURT**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BRUNHUBER, FREDERICK**
 STREET ADDRESS **3161 CLIFFORD ST**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HALL, RAYMOND**
 STREET ADDRESS **1473 FIRESIDE ST**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE Change 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:

Edward J Wright
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2002 **941**
625-0167
 Date Daytime Phone #

CR2E037 (9/01)