

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000000331

1. Entity Name  
GULF COAST BASKETBALL OFFICIALS ASSOCIATION,  
INC.



Principal Place of Business  
6409 GOLDFINCH STREET  
SARASOTA, FL 34241

Mailing Address  
6409 GOLDFINCH STREET  
SARASOTA, FL 34241



08232005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0433887

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

PEAIRS, JEFFREY D  
6409 GOLDFINCH STREET  
SARASOTA, FL 34241

**DO NOT WRITE  
IN THIS SPACE**

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

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

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

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BRAUNSTEIN, MATT  
6409 GOLDFINCH ST  
SARASOTA, FL 34241

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
PEAIRS, JEFF  
6409 GOLDFINCH STREET  
SARASOTA, FL 34241

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
HARLEY, SUNQUIST  
6409 GOLDFINCH STREET  
SARASOTA, FL 34241

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
LANE, KEVIN  
6409 GOLDFINCH STREET  
SARASOTA, FL 34241

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ABBOTT, RANDY  
6409 GOLDFINCH ST  
SARASOTA, FL 34241

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
BDC  
BERNHARDT, TOM  
6409 GOLDFINCH ST  
SARASOTA, FL 34241

08/25/05-80004-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-23-05

Date

941.366.4680

Daytime Phone #