

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90113 041 ****61.25

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DOCUMENT # N94000000227

1. Entity Name

THE FLORIDA GULF COAST COMMERCIAL ASSOCIATION OF

Principal Place of Business

Mailing Address

**4319 EHRlich RD
TAMPA FL 33624
US****4319 EHRlich RD
TAMPA FL 33624
US****739608**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3222190

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

**KOSTROSKI, LOIS M
4319 EHRlich RD
TAMPA FL 33624**

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 NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, DON 3507 SUNSTATE ST TAMPA FL 33634 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Skigewicz Arvida Realty Services 1988 Gulf to Bay Blvd. Clearwater, FL 33765 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, RICHARD 2901 W BUSCH BLVD #601 TAMPA FL 33618 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William E. Bach 5439 Beaumont Center Blvd. Tampa, FL 33685 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSTROSKI, LOIS 4319 EHRlich RD TAMPA FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A O'CONNELL, EDWARD 5810-H W CYPRESS ST TAMPA FL 33607 ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/5/01 813/969-4227**
Date Daytime Phone #

CR2E037 (10/00)