

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM****Secretary of State****DOCUMENT # N94000000872**1. Entity Name
GULF COAST SKIMMERS WATER SKI SHOW, INC.Principal Place of Business
LAKE AVALON
SUGDEN REGIONAL PARK
EAST NAPLES
34112
US
FL
Mailing Address
4002 CINDY AVE
NAPLES
341126730
US
FL2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0372444
Applied For
Not Applicable5. 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

GURSOY JOHN
4002 CINDY AVENUE
NAPLES
US
FLName
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 _____ 01/16/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	Change	Addition
VPD	JEFF	3818 EXCHANGE AVE	NAPLES FL 34104	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	CHERYL	4212 CINDY AVE	NAPLES FL 34112	<input type="checkbox"/>	<input type="checkbox"/>
SD	PHIL	180 TURTLE CREEK DR #1224	NAPLES FL	<input type="checkbox"/>	<input type="checkbox"/>
PD	JOHN V	4002 CINDY AVE.	NAPLES FL	<input type="checkbox"/>	<input type="checkbox"/>
TD	PHIL	1189 TURTLE CREEK APT 1224	NAPLES FL 34110	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TD	BRANDON	5077 TAMARIND RIDGE ROAD	NAPLES FL 34119	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	NEIDA	11764 QUAIL VILLAGE WAY	NAPLES FL 34119	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
VPD	PHIL	1189 TURTLE CREEK APT 1224	NAPLES FL 34110	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JOHN V. GURSOY PD 01/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)