

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005600

1. Entity Name

GOLD COAST CUTTERS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90318 002 ****61.25

Principal Place of Business

114 HICKORY CREEK DR
BRANDON FL 33511

Mailing Address

114 HICKORY CREEK DR
BRANDON FL 33511-8012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0603019

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

KOREN, LOUISE P
114 HICKORY CREEK DR
BRANDON FL 33511

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, BUDDY	
STREET ADDRESS	26005 ORANGE AVE	
CITY-ST-ZIP	FT PIERCE FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMANES, CHARLENE	
STREET ADDRESS	7797 S MILITARY TRL	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	YATES, WAYNE	
STREET ADDRESS	P.O. BOX 902	
CITY-ST-ZIP	FELOBERE FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, REUBEN	
STREET ADDRESS	2287 46TH AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNOZ, SERGIO	
STREET ADDRESS	9851 SW 47TH ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KOREN, LOUISE P	
STREET ADDRESS	114 HICKORY CREEK DR	
CITY-ST-ZIP	BRANDON FL 33511	

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		<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		<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)