

2000 UNIFORM BUSINESS REPORT (UBR)

1/28/00-90125-016-\$61.25-\$61.25

DOCUMENT # N95000003045

1. Entity Name

GULF COAST AIR CONDITIONING CONTRACTORS ASSOCIATI

Principal Place of Business

Mailing Address

P.O. BOX 7145
FT. MYERS FL 33911
US

P.O. BOX 7145
FT MYERS FL 33911-7145

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

65-0583348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLENNON, JAMES J
5520 DIVISION DRIVE
FT. MYERS FL 33905

7. Name and Address of New Registered Agent

Name WILLIAM BARNES PD

Street Address (P.O. Box Number is Not Acceptable)

3071 JUANITA BLVD

City CAPE CORAL

FL

Zip Code 33993

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 sign if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

DENNIS E. MORGAN

0-20-2000

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ELLSWORTH, GEORGE 15304 FIDDLESTICKS BLVD FT. MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEMETH, JOE 17450 CALOOSA TRACE CIRCLE FORT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARNES, WILLIAM 3071 JUANITA BLVD CAPE CORAL FL 33993	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARMER, DAVE 11732 LADY ANNE CIRCLE CAPE CORAL FL 33981	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, DENNIS 7131 GOLDEN EAGLE #721 FORT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

HARVEY HARVEY
27027 IMPERIAL ST
BONITA SPRINGS, FL 34135

03/15

03-10-00

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

Date

Daytime Phone #

DENNIS E. MORGAN



Mr. Dennis Morgan
7131 Golden Eagle Ct. Apt. 721
Fort Myers, FL 33912-1747

03-10-00 941-768-6575