

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004228

1. Entity Name

GULF COAST FLY FISHERS, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90061 024 ****61.25

Principal Place of Business
3372 LAUREL DR
GULF BREEZE FL 32561

Mailing Address
3372 LAUREL DR
GULF BREEZE FL 32561-3328



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3372047

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

GALLAGHER, WILLIAM P
3372 LAUREL DR
GULF BREEZE FL 33561

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	☒ Delete
NAME	WILLIAMS, JOHN	
STREET ADDRESS	8385 LAWTON RD	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	S	☒ Delete
NAME	JIM TILGHMAN	
STREET ADDRESS	1837 SAN DOLLAR CIR	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VP	☒ Delete
NAME	GOHRBANDT, KLAUS	
STREET ADDRESS	1643 MAUNA KEA CT	
CITY-ST-ZIP	GULF BREEZE FL 32562	
TITLE	D	☒ Delete
NAME	MCBRIDE, ROBERT	
STREET ADDRESS	P O BOX 669	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	☐ Delete
NAME	ANT DE TONNANCOURT	
STREET ADDRESS	4950 CASA MARIA LN	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	T	☐ Delete
NAME	MAJEWSKI, DENNIS	
STREET ADDRESS	417 BUNKER HILL DR	
CITY-ST-ZIP	PENSACOLA FL 32503	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V. PRESIDENT	☐ Change ☒ Addition
NAME	Tom Birdwell	
STREET ADDRESS	22 LAKESIDE DR.	
CITY-ST-ZIP	Pensacola, Fl. 32507	
TITLE	SECRETARY	☐ Change ☒ Addition
NAME	Z. Z. Z. Z. Z.	
STREET ADDRESS	5 ZUNICIRCLE	
CITY-ST-ZIP	Pensacola, Fl. 32507	
TITLE	TREASURER	☐ Change ☒ Addition
NAME	JAY WILLIAMS	
STREET ADDRESS	1401 BARCELONA ST.	
CITY-ST-ZIP	Pensacola Fl. 32501	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	Jay Williams	
STREET ADDRESS	8385 LAWTON RD.	
CITY-ST-ZIP	Pensacola, Fl. 32514	
TITLE	DIRECTOR	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MAJEWSKI, DENNIS	
STREET ADDRESS	417 Bunker Hill Dr.	
CITY-ST-ZIP	Pensacola, Fl 32506	

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)