

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

0005915

**DOCUMENT # N97000001480**

1. Entity Name

**GOLD COAST IMPACT COMMUNITY DEVELOPMENT, INC.**

03-31-2002 90049 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**216 SW 2 COURT  
 DEERFIELD BEACH FL 33441**

**216 SW 2 COURT  
 DEERFIELD BEACH FL 33441**

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

**65-0736002**

Applied For

Not Applicable

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

**KNOWLES, NATHANIEL B  
 216 SW 2 COURT  
 DEERFIELD BEACH FL 33441**

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 **MD** ☐ Delete  
 NAME **KNOWLES, NATHANIEL B**  
 STREET ADDRESS **690 SW 12 COURT**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **VC** ☐ Change ☒ Addition  
 NAME **DAN E. Poitier**  
 STREET ADDRESS **360 NW 4 AVE**  
 CITY-ST-ZIP **Deerfield Bch, FL 33441**

TITLE **SD** ☐ Delete  
 NAME **KNOWLES, LINDA P**  
 STREET ADDRESS **690 SW 12 COURT**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **RAHMING, BRENDA J**  
 STREET ADDRESS **1351 S W 10 TERR**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **HENRY, GAIL J**  
 STREET ADDRESS **347 SW 30TH AVE**  
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **MCHENRY, QUEEN O**  
 STREET ADDRESS **2581 NW 12TH ST**  
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **C** ☐ Delete  
 NAME **DWIGHT POITIER**  
 STREET ADDRESS **816 NE 52 ST**  
 CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE ☐ Change ☐ 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: **NATHANIEL B. KNOWLES** 3/30/02 954-428-0807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)