

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000002138

FILED
Jan 24, 2003
Secretary of State

Entity Name: GULF COAST UMPIRES ASSOCIATION, INC.

Current Principal Place of Business:

1723 ARABIAN LN
PALM HARBOR, FL 34685

New Principal Place of Business:

707 E. RIVER DR
TEMPLE TERRACE, FL 33617

Current Mailing Address:

1723 ARABIAN LN
PALM HARBOR, FL 34685

New Mailing Address:

707 E. RIVER DR.
TEMPLE TERRACE, FL 33617

FEI Number: 59-3440099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STERNS, RANDY K
220 S FRANKLIN ST
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARENS, CYNTHIA
Address: 5337 BLACK PINE DR
City-St-Zip: TAMPA, FL 33424

Title: D () Delete
Name: KOGUT, HAROLD
Address: 1723 ARABIAN LN
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: MORRISON, DAN
Address: 14220 SUNSHINE CT
City-St-Zip: LARGO, FL 34644

Title: D () Delete
Name: ARENS, ERIC
Address: 5337 BLACK PINE TRL
City-St-Zip: TAMPA, FL 33424

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ARENS, ERIC
Address: 5337 BLACK PINE DR
City-St-Zip: TAMPA, FL 33424

Title: D (X) Change () Addition
Name: BRIAN, SCHULTZ
Address: 707 E. RIVER DR
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D (X) Change () Addition
Name: SCHNEIDER, STEVE
Address: 4016 KIPLING CT.
City-St-Zip: PLANT CITY, FL 33566

Title: D (X) Change () Addition
Name: LEE, DAVID
Address: 5611 MALLOW ST
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN SCHULTZ

D

01/24/2003

Electronic Signature of Signing Officer or Director

Date