

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90018 028 \*\*\*\*61.25

0053902

**DOCUMENT # N97000002364**

1. Entity Name

**GOLD COAST COMMUNITY SERVICES, INC.**

Principal Place of Business

Mailing Address

1123 CRESTWOOD BLVD  
1ST FLR  
LAKE WORTH FL 33460  
US

P O BOX 871  
LAKE WORTH FL 33460  
US

00021373



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0750531

Applied For

Not Applicable

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

O'KEEFE, JEFFREY  
500 E BROWARD BLVD  
STE 1000  
FT LAUDERDALE FL 33394

Name

Lucas, John

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

800 Fairway Dr. #370

City

Deerfield Beach

FL

Zip Code

33441

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)

2/8/2001

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 NAME STREET ADDRESS CITY-ST-ZIP	CD COTTON, WAYNE W 3001 NE 27TH AVE LIGHTHOUSE POINT FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUCAS, JOHN 5167 DEERHURST CRESCENT CIR BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'KEEFE, JEFFREY A 7471 RED BAY PLACE CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEESON, MELANIE 6126 WOODCREEK CT JUPITER FL 33458	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, GARY 360 SE MIZNER BLVD #1516 BOCA RATON FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTO, MARILYN 605 NW 10 CT BOCA RATON FL 33486	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hill, Ray 1148 NE 8 CT Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Schmidtke, Theodore 145 Atlantis Blvd Apt 101 Atlantis, FL 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Skivington, Jackie 1146 Breakers West Blvd West Palm Beach, FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCann, Carol 4573 Meadowlark Lane Boynton Beach, FL 33436	<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

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:** *Melanie Beeson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

Date

561-575-0601  
Daytime Phone #

CR2E037 (10/00)