

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90013 002 ****61.25

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

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

65-0750531

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

LUCAS, JOHN
800 FAIRWAY DR #370
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 ☐ Delete
 NAME **CD**
 STREET ADDRESS **COTTON, WAYNE W**
 CITY-ST-ZIP **3001 NE 27TH AVE**
LIGHTHOUSE POINT FL 33064

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **GWALTNEY, DONNA**
 CITY-ST-ZIP **14852 69 DR N**
PALM BEACH GARDENS, FL 33418

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **LUCAS, JOHN**
 CITY-ST-ZIP **5167 DEERHURST CRESCENT CIR**
BOCA RATON FL 33486

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **LEE, JOSEPH**
 CITY-ST-ZIP **1086 ISLAND MANOR DR**
GREENACRES, FL 33413

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **HILL, RAY**
 CITY-ST-ZIP **7798 NE 8TH CT**
BOCA RATON FL 33487

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **MCCANN, CAROL**
 CITY-ST-ZIP **4573 MEADOWLARK LN**
BOYNTON BEACH, FL 33436

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **BEESON, MELANIE**
 CITY-ST-ZIP **6126 WOODCREEK CT**
JUPITER FL 33458

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **SCHMIDTKE, THEODORE**
 CITY-ST-ZIP **145 ATLANTIS BLVD, APT 407**
ATLANTIS, FL 33462

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CHAPMAN, GARY**
 CITY-ST-ZIP **360 SE MIZNER BLVD #1516**
BOCA RATON FL 33432

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **SKIVINGTON, JACKIE**
 CITY-ST-ZIP **1146 BREAKERS NEST BLVD**
WEST PALM BEACH, FL 33411

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **OTTO, MARILYN**
 CITY-ST-ZIP **605 NW 10 CT**
BOCA RATON FL 33486

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:

Wayne W. Cotton
Wayne W. Cotton 3/21/2002 (800) 330-7442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)