

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90024 037 \*\*\*\*61.25

**DOCUMENT # N98000000853**

1. Entity Name

**GULF COAST AREA REPEATER CLUB, INC.**

Principal Place of Business

PO BOX 839  
FORT MYERS FL 33902

Mailing Address

PO BOX 839  
FORT MYERS FL 33902-0839

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SUNDSTROM, FRED**  
**2826 CLOISTER ST**  
**FORT MYERS FL 33917**

7. Name and Address of New Registered Agent

Name **IVAN L. DAVIES SR.**

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

**2243 GOHAM AVE**

City **FT. MYERS**

**FL**

Zip Code

**33907**

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

TITLE **TD** ☒ Delete  
NAME **IMHOFF, HAROLD**  
STREET ADDRESS **2828 JACKSON STREET, H1**  
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **PD** ☒ Delete  
NAME **MAIER, RICHARD**  
STREET ADDRESS **5273 FLAMINGO DRIVE**  
CITY-ST-ZIP **ST JAMES CITY FL 33956**

TITLE **VD** ☒ Delete  
NAME **HELMERS, KENNETH**  
STREET ADDRESS **26355 BRIDGEWATER ROAD**  
CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE **SD** ☒ Delete  
NAME **SUNDSTROM, FRED**  
STREET ADDRESS **2826 CLOISTER STREET**  
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **DAVID PENEZIC**  
STREET ADDRESS **6131 NEAL RD**  
CITY-ST-ZIP **FT. MYERS, FL 33905** **D**

TITLE **V.P.** ☒ Change ☐ Addition  
NAME **ART NICKEL**  
STREET ADDRESS **1518 JUNIOR CT.**  
CITY-ST-ZIP **LEHIGH, FL 33971** **D**

TITLE **T** ☒ Change ☐ Addition  
NAME **GEORGE NICOLA**  
STREET ADDRESS **12145 SCHOONER LN S.W**  
CITY-ST-ZIP **MOORE HAVEN, FL 33471** **D**

TITLE **S** ☒ Change ☐ Addition  
NAME **IVAN DAVIES**  
STREET ADDRESS **2243 GOHAM AVE**  
CITY-ST-ZIP **FT. MYERS, FL 33907** **D**

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

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**IVAN L. DAVIES SR.** **1-12-2000** **941-271-1210**

CR2E037 (9/99)