

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90073 038 \*\*\*\*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**

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 **NOT APPLICABLE**

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

**PENEZIALN, DAVID  
3161 NEAL ROAD  
FORT MYERS FL 33905**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PENEZIC, DAVID</b>	
STREET ADDRESS	<b>6131 NEAL RD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33905</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVIS, IVAN</b>	
STREET ADDRESS	<b>2243 GEORGEHAM AVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NICOLA, GEORGE</b>	
STREET ADDRESS	<b>12145 SCHOONER LN SW</b>	
CITY-ST-ZIP	<b>MOORE HAVEN FL 33471</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DAVIES, IVAN</b>	
STREET ADDRESS	<b>2243 GORHAM AVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33907</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORTON, PAUL</b>	
STREET ADDRESS	<b>4111 HIDDEN ACRES CIRCLE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33903</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MYERS, KEITH</b>	
STREET ADDRESS	<b>5844 OAK RIDGE AVE</b>	
CITY-ST-ZIP	<b>FORT MYERS BEACH FL 33931</b>	

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IVAN L. DAVIES SR</b>	
STREET ADDRESS	<b>2243 GORHAM AVE</b>	
CITY-ST-ZIP	<b>F7. MYERS, FL 33907</b>	
TITLE	<b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHAEL GURKA</b>	
STREET ADDRESS	<b>610 MAPLE AVE. NORTH</b>	
CITY-ST-ZIP	<b>LEHIGH FL 33972</b>	
TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STELLA GURKA</b>	
STREET ADDRESS	<b>610 MAPLE AVE NORTH</b>	
CITY-ST-ZIP	<b>LEHIGH FL 33972</b>	
TITLE	<b>TRES</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUDY ANN LAWRENCE</b>	
STREET ADDRESS	<b>763 ENTRADA DR S.W.</b>	
CITY-ST-ZIP	<b>F7. MYERS, FL 33918</b>	
TITLE	<b>PAST PRESIDENT - DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVID PENEZIC</b>	
STREET ADDRESS	<b>6131 NEAL RD</b>	
CITY-ST-ZIP	<b>F7. MYERS, FL 33905</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **IVAN L. DAVIES SR** 1-16-2003 239-297-1240

CR2E037 (10/02)