

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 APR 10 PM 3: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000001404

1. Corporation Name

GULF COAST ALL SPORTS BOOSTERS CLUB, INC.

Principal Place of Business

7878 IMMOKALEE ROAD  
NAPLES FL 34119

Mailing Address

7878 IMMOKALEE ROAD  
NAPLES FL 34119

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/09/1998

5. FEI Number

59-3485872

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	<del>PECK, DANIEL D</del> HUFF, BETTY	<del>40087 POND APPLE DRIVE EAST</del> 4393 11 <sup>TH</sup> AVE. SW	<del>NAPLES FL 34110</del> NAPLES, FL. 34116
D	WILSON, RICHARD	511 29TH STREET NW	NAPLES FL 34120
D	DAVIS, GARY	11400 NIGHT HERON DRIVE	NAPLES FL 34119
D	BOXWELL, COLEEN	129 MADISON DRIVE	NAPLES FL 34110
D	O'FRANCESCO, CHARLES	5741 12 <sup>TH</sup> AVE. NW	NAPLES, FL. 34119
			3000003230113-4 -05/01/00--01003--012 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

SATHER, LAWRENCE D  
C/O GULF COAST HIGH SCHOOL  
7878 IMMOKALEE ROAD  
NAPLES FL 34119

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Lawrence D. Sather* REQUIRED

Date 10/3/99

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY S. DAVIS, PRES.

10/30/99 941-566-2300  
Date Daytime Phone #

CR2E040 (3/99)