

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001404

1. Entity 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

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

59-3485872

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

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

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 D
NAME HUFF, BETTY
STREET ADDRESS 4393 11TH AVE S.W.
CITY-ST-ZIP NAPLES FL 34116 ☒ Delete

TITLE D
NAME Gregory Smith
STREET ADDRESS 3303 Port Pleasant Circle CT
CITY-ST-ZIP Naples FL 34120 ☐ Change ☒ Addition

TITLE D
NAME WILSON, RICHARD
STREET ADDRESS 511 29TH STREET NW
CITY-ST-ZIP NAPLES FL 34120 ☒ Delete

TITLE D
NAME Sheryl Lidgard
STREET ADDRESS 5810 10th Ave NW
CITY-ST-ZIP NAPLES FL 34119 ☐ Change ☒ Addition

TITLE D
NAME DAVIS, GARY
STREET ADDRESS 11400 NIGHT HERON DRIVE
CITY-ST-ZIP NAPLES FL 34119 ☒ Delete

TITLE D
NAME Sandy Poore
STREET ADDRESS 361 12th St. NE
CITY-ST-ZIP NAPLES FL 34120 ☐ Change ☒ Addition

TITLE D
NAME BOXWELL, COLEEN
STREET ADDRESS 129 MADISON DRIVE
CITY-ST-ZIP NAPLES FL 34110 ☒ Delete

TITLE D
NAME Roger Shoemaker
STREET ADDRESS 3210 15th Ave SW
CITY-ST-ZIP NAPLES FL 34120 ☐ Change ☒ Addition

TITLE D
NAME STEELMAN, CAROLEE
STREET ADDRESS 5920 10TH AV NW
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolee Steelman 941-544-0690
4.17.02 Date Daytime Phone #

CR2E037 (9/01)