

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003603

1. Entity Name

GULF COAST KID'S HOUSE, INC.

Principal Place of Business

4400 BAYOU BLVD., STE. X  
PENSACOLA FL 32503

Mailing Address

4400 BAYOU BLVD., STE. X  
PENSACOLA FL 32503-1908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 30 B

Suite, Apt. #, etc.

Suite 30 B

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3520130

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

SCHUSTER, PAMELA  
4400 BAYOU BLVD., STE. 21  
PENSACOLA FL 32503

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	<input type="checkbox"/> Delete
NAME	SCHUSTER, PAMELA	
STREET ADDRESS	4400 BAYOU BLVD., STE. 21	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, ROSS	
STREET ADDRESS	316 S. BAYLEN STR.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, MARCIA	
STREET ADDRESS	1800 ST. MARY'S ST., BOX 5	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLAGHER, CATHERINE	
STREET ADDRESS	512 S. PALAFOX ST.	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRAUGHN, SUE	
STREET ADDRESS	4990 MOBILE HWY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HINTON, SHARL	
STREET ADDRESS	1000 W. MORENO STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVIN D. BEASLEY JR	
STREET ADDRESS	316 S. BAYLEN SUITE 200	
CITY-ST-ZIP	PENSACOLA FL 32501	

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 24, 2000 8:00 am  
Secretary of State

02-24-2000 90042 011 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)