

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006097

1. Entity Name

THE ALS ASSOCIATION, GOLD COAST CHAPTER, INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90100 040 ****75.00

Principal Place of Business

ATTN: BRUCE BURKETT
 1998 S.W. TAURUS LANE
 PORT ST LUCIE FL 34984

Mailing Address

ATTN: BRUCE BURKETT
 1998 S.W. TAURUS LANE
 PORT ST LUCIE FL 34984

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

65-0884418

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SMITH, DONALD J
 3970 RCA BOULEVARD
 SUITE 7004
 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name DOROTHY BURKETT
 Street Address (P.O. Box Number is Not Acceptable) 1998 S.W. TAURUS
LANE
 City PORT ST. LUCIE FL Zip Code 34984

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 Dorothy Burkett, SECRETARY DATE 08-29-00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	SHANZ, HAROLD F	
STREET ADDRESS	3970 RCA BOULEVARD, SUITE 7004	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURKETT, BRUCE	
STREET ADDRESS	3970 RCA BOULEVARD, SUITE 7004	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DONALD	
STREET ADDRESS	3970 RCA BOULEVARD, SUITE 7004	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANZ, HAROLD F.	
STREET ADDRESS	1998 S.W. TAURUS LANE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKETT, BRUCE	
STREET ADDRESS	1998 S.W. TAURUS LANE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DONALD	
STREET ADDRESS	1998 S.W. TAURUS LANE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKETT, DOROTHY	
STREET ADDRESS	1998 S.W. TAURUS LANE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	
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		

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 Harold F. ShanZ DATE 08-29-00 561-575-3434
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/00)