

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90131 021 \*\*\*\*61.25

**DOCUMENT # N99000006686**

1. Entity Name

**GOLD COAST RINGERS, INC.**

Principal Place of Business

4508 BRANDYWINE DR.  
 BOCA RATON FL 33487

Mailing Address

4508 BRANDYWINE DR.  
 BOCA RATON FL 33487

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

**65-0960689**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIBBS, JACK**  
**3010 N.E. 12TH AVE.**  
**POMPANO BEACH FL 33064**

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: PD  
 NAME: RIX, JESSIE  Delete  
 STREET ADDRESS: 6700 MARTIN RD.  
 CITY-ST-ZIP: MARGATE FL 33068

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

TITLE: VD  Delete  
 NAME: BRANDON, JACKIE  
 STREET ADDRESS: 6749 COLUMBIA AVE.  
 CITY-ST-ZIP: LAKE WORTH FL 33467

TITLE: VD  Change  Addition  
 NAME: GARVIN, CHRISTIAN  
 STREET ADDRESS: 7554 OAK GROVE CIRCLE  
 CITY-ST-ZIP: LAKE WORTH, FL 33467

TITLE: SD  Delete  
 NAME: JARVI, MARLYS  
 STREET ADDRESS: 461 N.E. 46TH ST.  
 CITY-ST-ZIP: BOCA RATON FL 33431

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

TITLE: TD  Delete  
 NAME: KREKEL, LETITIA  
 STREET ADDRESS: 3810 N.W. 60TH CT.  
 CITY-ST-ZIP: MIAMI FL 33166

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

TITLE: D  Delete  
 NAME: HENNON, TOM  
 STREET ADDRESS: 4508 BRANDYWINE DR. (GENERAL MANAGER)  
 CITY-ST-ZIP: BOCA RATON FL 33487

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

TITLE: D  Delete  
 NAME: HIBBS, JACK  
 STREET ADDRESS: 3010 N.E. 12TH AVE.  
 CITY-ST-ZIP: POMPANO BEACH FL 33064

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 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 REQUIRED~~ *Tom Hennon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/01

Date

(561)-994-6638

Daytime Phone #

CP2E037 (10/00)