

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000039674**

1. Entity Name

**GULF COAST KAYAKS CENTERS, INC.****FILED****Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90007 017 \*\*\*150.00

Principal Place of Business

**4900 MANDALAY AVENUE, SUITE 5**  
**CLEARWATER FL 33767**

Mailing Address

**4900 MANDALAY AVENUE, SUITE 5**  
**CLEARWATER FL 33767**

2. Principal Place of Business

3. Mailing Address

**8802 Rocky Creek Dr****8802 Rocky Creek Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 109****# 109**

City &amp; State

City &amp; State

**TAMPA FL****TAMPA FL**

Zip

Zip

Country

Country

**33615-4315****33615-4315****USA****USA**

4. FEI Number

**59-3636813**

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

**THEIS, TRACI**  
**294 KENTUCKY AVENUE**  
**CRYSTAL BEACH FL 34681**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be**  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST**  
**THEIS, TRACI**  
**294 KENTUCKY AVENUE**  
**CRYSTAL BEACH FL 34681** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer**  
**ANITA SHONTZ**  
**1678 ALGONQUIN DR.**  
**CLEARWATER, FL 33755** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**STAFFORD, DONALD**  
**1539 COACHLIGHT WAY**  
**DUNEDIN FL 34698** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V. Pres**  
**JASON THEIS**  
**619 SKYVIEW AVE**  
**CLEARWATER FL 33756** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V**  
**SUGAR, KEVIN**  
**2490 TRADEWINDS DRIVE**  
**DUNEDIN FL 34698** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V. Secy**  
**CHRIS CUMM**  
**1216 PENNY CT.**  
**DUNEDIN FL 34698** ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P S**  
**TRACI THEIS**  
**294 KENTUCKY AVE**  
**CRYSTAL BEACH FL 34681** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Traci Theis**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/14/01**

Daytime Phone #

**727-773-1519**

CR2E034 (10/00)