

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90060 030 ***150.00

DOCUMENT # P00000097685

1. Entity Name

GULF COAST GOLF ACADEMY, INC.

Principal Place of Business

P.O. BOX 35291

SARASOTA FL 34242

Mailing Address

P.O. BOX 35291

SARASOTA FL 34242

2. Principal Place of Business

X 2522 E MILMAR DR

3. Mailing Address

X 2522 E MILMAR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34237

Country

USA

Zip

34237

Country

USA

4. FEI Number

65-1046675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PANET-RAYMOND, ANDRE

4191 HEARTHSTONE DR.

SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name **ANDRE P PANET RAYMOND**

Street Address (P.O. Box Number is Not Acceptable)

X 2522 E MILMAR DR

City **SARASOTA**

FL

Zip Code **34237**

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) **X**

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **D** ☐ Delete
NAME **PANET-RAYMOND, ANDRE**
STREET ADDRESS **P.O. BOX 35291**
CITY-ST-ZIP **SARASOTA FL 34242**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ANDRE PANET-RAYMOND** ☒ Change ☐ Addition
NAME
STREET ADDRESS **2522 E MILMAR DR**
CITY-ST-ZIP **SARASOTA, FL 34237**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-07-02 941-350-2999

CR2E034 (9/01)