

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90035 036 ***150.00

DOCUMENT # P00000115747

1. Entity Name

GULF COAST COMMUNICATION PARTNERS, INC.

Principal Place of Business

**125 N NEW WARRINGTON RD
 PENSACOLA FL 32506**

Mailing Address

**125 N NEW WARRINGTON RD
 PENSACOLA FL 32506**

2. Principal Place of Business

5821 BALDERAS AVE

3. Mailing Address

5821 BALDERAS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

4. FEI Number

59-3685232

Applied For

Not Applicable

Zip

32507

Country

USA

Zip

32507

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MC VAY, MICHAEL C

**125 N NEW WARRINGTON RD
 PENSACOLA FL 32506**

7. Name and Address of New Registered Agent

Name

MICHAEL MC VAY

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

5821 BALDERAS AVE

City

PENSACOLA

FL

Zip Code

32507

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

4-16-02

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, 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	<input checked="" type="checkbox"/> Delete
NAME	FELL, KIRK	
STREET ADDRESS	270 HILLCREST RD #306	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FELL, SANDRA	
STREET ADDRESS	270 HILLCREST RD #306	
CITY-ST-ZIP	MOBILE AL 36608	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORN BROOK, THIRL A JR	
STREET ADDRESS	3900 NEYREY DR	
CITY-ST-ZIP	METairie LA 70002	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONROY, JOHN	
STREET ADDRESS	326 PECAN MEADOW DR	
CITY-ST-ZIP	BATON ROUGE LA 70810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-02 932-512-8989

Date

Daytime Phone #

CR2E034 (9/01)