

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90292 022 \*\*\*150.00

DOCUMENT # P01000059843

1. Entity Name  
GOLD COAST YACHT MANAGEMENT, INC.



**DO NOT WRITE IN THIS SPACE**

30066779

2. Principal Place of Business  
3109 GRAND AVENUE #294

3. Mailing Address  
3109 GRAND AVENUE #294

Suite, Apt. #, etc.  
#294

Suite, Apt. #, etc.  
#294

City & State  
COCONUT GROVE, FL

City & State  
COCONUT GROVE, FL

4. FEI Number  
65-1130815

Applied For  
Not Applicable

Zip  
33133

Country  
US

Zip  
33133

Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name DONNA REYNOLDS

Street Address (Box or Mailing Address)  
3109 GRAND AVENUE #294

City COCONUT GROVE FL Zip Code 33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE   
Signatures, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
REYNOLDS, DONNA  
3109 GRAND AVENUE #294  
COCONUT GROVE, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
JENNINGS, EDD  
3109 GRAND AVENUE #294  
COCONUT GROVE, FL 33133

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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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 607, Florida Statutes; and that my name appears in Block 10 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 #

CR2E034B (12/02)