

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02663

1. Entity Name

GOLD COAST KENTUCKY FRIED CHICKEN ADVERTISING CO

Principal Place of Business

980 N. MILITARY TRAIL
WEST PALM BEACH FL 33415-1320

Mailing Address

980 N. MILITARY TRAIL
WEST PALM BEACH FL 33415-1320

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2448156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

Russell J. Warden
Signature, typed or printed name of registered agent and time if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-00

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
WARDER, RUSSELL J.
980 N. MILITARY TRAIL
W. PALM BEACH FL 33415

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
ACREE, MICKEY
980 N. MILITARY TRAIL
W. PALM BEACH FL 33415

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
GAVILON, JUAN
2222 N FEDERAL HWY
DELRAY BCH FL 33483

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD
CARR, JIM
514 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE FL 34984

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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STREET ADDRESS

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:

Russell J. Warden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-00 (561) 683-8444

CR2E037 (9/99)