

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028891

1. Entity Name

FLORIDA GULF COAST CONSULTING, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90029 015 \*\*\*150.00

Principal Place of Business

11000-27 METRO PKWY  
 FT MYERS FL 33912  
 US

Mailing Address

11000-27 METRO PKWY  
 FT MYERS FL 33912-1244  
 US

2. Principal Place of Business

3. Mailing Address

PO Box 60742

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Myers, FL

Zip

Country

Zip

33906

Country

US

4. FEI Number

65-0500206

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

RIVERS, SCOTT W  
 7149 SHANNON BLVD  
 FT MYERS FL 33908

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, 2000 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 DP ☐ Delete  
 NAME RIVERS, SCOTT W  
 STREET ADDRESS 7149 SHANNON BLVD  
 CITY-ST-ZIP FT MYERS FL 33908

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

TITLE V ☐ Delete  
 NAME OTTENSMAH, JAMES  
 STREET ADDRESS 2416 NE 20TH PL  
 CITY-ST-ZIP CAPE CORAL FL 33909

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

TITLE STD ☐ Delete  
 NAME RIVERS, BROOKSY Q  
 STREET ADDRESS 7149 SHANNON BLVD  
 CITY-ST-ZIP FT MYERS FL

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

TITLE V ☐ Delete  
 NAME ADAMSON, JOSEPH P  
 STREET ADDRESS 6314 BLACK HORSE PIKE  
 CITY-ST-ZIP EGG HARBOR TWP. NJ 08234

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 667, 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:

Scott W. Rivers  
 President

4-18-00

941-936-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)