

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 93649 019 \*\*\*150.00

**DOCUMENT # P96000005297**

1. Entity Name  
**GOLD COAST TURF, INC.**

**Principal Place of Business**

**13590 CALLINGTON DRIVE  
 WELLINGTON FL 33414  
 US**

**Mailing Address**

**13590 CALLINGTON DR  
 WELLINGTON FL 33414  
 US**

**2. Principal Place of Business**

**13860 S.W. 33RD CT**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**13860 S.W. 33RD CT**  
 Suite, Apt. #, etc.

**City & State**

**DAVIE FL**

**City & State**

**DAVIE FL**

**4. FEI Number**

**65-0639687**

Applied For

Not Applicable

**Zip**

**33330**

**Country**

**USA**

**Zip**

**33330**

**Country**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

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

**PRESCOTT, WILLIAM PAUL J  
 13590 CALLINGTON DR  
 WELLINGTON FL 33414**

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

Name **PRESCOTT William Paul Jr**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13860 S.W. 33RD CT**  
 City **DAVIE** FL **33330**

**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

*William Paul Prescott Jr.*

DATE

**4/21/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PRESCOTT, WILLIAM PAUL J</b>	
STREET ADDRESS	<b>13860 SW 33RD COURT</b>	
CITY-ST-ZIP	<b>DAVIE FL 33330</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PRESCOTT, JODI</b>	
STREET ADDRESS	<b>13860 SW 33RD COURT</b>	
CITY-ST-ZIP	<b>DAVIE FL 33330</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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
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

Date

Daytime Phone #

CR2E034 (9/01)