

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000006477

1. Entity Name

GULF COAST EDUCATION CENTER, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90069 023 ***150.00

Principal Place of Business

Mailing Address

2650 MCCORMICK DR
STE 180
CLEARWATER FL 33759

2650 MCCORMICK DRIVE
STE 180
CLEARWATER FL 33759-1061
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3359042**

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

LAZAROU, SPIRO
2650 MCCORMICK DRIVE, STE 180
CLEARWATER FL 33759

Name

Derri Davisson

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

2650 McCormick Drive, Suite 185

City

Clearwater

FL

Zip Code
33759

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-00

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 **PS**
NAME **LAZAROU, SPIRO**
STREET ADDRESS **2650 MCCORMICK DRIVE, STE 180**
CITY-ST-ZIP **CLEARWATER FL 33759**

☒ Delete

TITLE **President/Director**
NAME **Derri Davisson**
STREET ADDRESS **2650 McCormick Drive, Suite 185**
CITY-ST-ZIP **Clearwater, FL 33759**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE **Secretary/Treasurer/Director**
NAME **J. Stephen Miller**
STREET ADDRESS **2650 McCormick Drive, Suite 185**
CITY-ST-ZIP **Clearwater, FL 33759**

☐ Change ☒ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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:

Derri Davisson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-00 727-791-6510 X19

CR2E034 (9/99)