

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90028 015 \*\*\*150.00

**DOCUMENT # P96000010058**

1. Entity Name

**GULF COAST SPORTS SECTION, INC.**

Principal Place of Business

Mailing Address

~~4166 MADURA FOUR~~  
**GULF BREEZE FL 32561**

~~4166 MADURA FOUR~~  
**GULF BREEZE FL 32561**

2. Principal Place of Business

**5205 Soundside Dr.**

3. Mailing Address

**5205 Soundside Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Gulf Breeze, FL**

City & State

**Gulf Breeze, FL**

4. FEI Number

**59-3357062**

Applied For

Not Applicable

Zip

**32561**

Country

Zip

**32561**

Country

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

**FREW, JOHN A**

~~4166 MADURA FOUR~~

**GULF BREEZE FL 32561**

Name

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

**5205 Soundside Dr.**

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

*Susie W. Frew*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-17-01**

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	FREW, JOHN A.	
STREET ADDRESS	<del>4166 MADURA FOUR</del>	
CITY-ST-ZIP	<b>GULF BREEZE FL</b>	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	FREW, SUSIE W.	
STREET ADDRESS	<del>4166 MADURA FOUR</del>	
CITY-ST-ZIP	<b>GULF BREEZE FL</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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5205 Soundside Dr.</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>5205 Soundside Dr.</b>	
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:

*Susie W. Frew*

*Susie W. Frew*

**4-17-01**

**850-432-0627**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)