

2000 UNIFORM BUSINESS REPORT (UBR)

3

FILED

May 26, 2000 8:00 am
Secretary of State

05-26-2000 90020 023 ***150.00

DOCUMENT #

1. Entity Name

896000073331
GULF COAST CONNECTIONS INCORPORATED

Principal Place of Business

Mailing Address

4919 LINWOOD ST
SARASOTA, FL 34232

SAME

2. Principal Place of Business

3. Mailing Address

SAME

SAME

DO NOT WRITE IN THIS SPACE

Principal State

City & State

4. FEJ Number

Applied For

Not Applicable

65-0693338

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

AS ABOVE

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

Bruce S. Houghton

Bruce S. Houghton

(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, 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: PRESIDENT
NAME: BRUCE S. HOUGHTON
STREET ADDRESS: 4919 LINWOOD ST
CITY-ST-ZIP: SARASOTA, FL 34232

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

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:

Bruce S. Houghton

Date

Daytime Phone #

4/28/2000

941-371-6691