

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041510

1. Entity Name

GULF COAST ENTERTAINMENT, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90266 039 \*\*\*150.00

Principal Place of Business

Mailing Address

3914 INDIA COVE  
GULF BREEZE FL 32561

3914 INDIA COVE  
GULF BREEZE FL 32561-3569

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

59-3458414

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

LEATHERBERRY, AMANDA  
~~1314 14TH AVENUE~~  
PENSACOLA FL 32503

Name

SAME

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

7000 LUTH Road

City

Mohino

FL

Zip Code

32577

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	P/D	<input type="checkbox"/> Delete
NAME	LEATHERBERRY, DARRIN T	
STREET ADDRESS	1314 14TH AVENUE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LEATHERBERRY, ESTHER N	
STREET ADDRESS	3914 INDIA COVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEATHERBERRY, JODY L	
STREET ADDRESS	15302 M52	
CITY-ST-ZIP	STOCKBRIDGE MI 49285	
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	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7000 LUTH Road	
CITY-ST-ZIP	Mohino, Florida 32577	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARRIN Leatherberry

Date

04-26-00 850-934-5430

Daytime Phone #

CR2E034 (9/99)