

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047332

1. Entity Name

GOLDEN COAST TOUR SERVICES INC.

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90033 004 ***150.00

Principal Place of Business

771 S KIRKLAND RD STE 106
SUITE 106
ORLANDO FL 32811
US

Mailing Address

771 S KIRKLAND RD STE 106
SUITE 106
ORLANDO FL 32811
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 59-3470160

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

SUTTON, DONALD A
5850 LAKEHURST DRIVE
SUITE 100
ORLANDO FL 32819

Name

GUSTAVO B. RANGEL

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

771 S KIRKMAN RD STE 106

City

ORLANDO

FL

Zip Code

32811

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

3/09/01

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
NAME MADUREIRA, NELSON J
STREET ADDRESS 7345 SAND LAKE RD STE 201
CITY-ST-ZIP ORLANDO FL 32819 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME RANGEL, GUSTAVO B
STREET ADDRESS 7345 SAND LAKE RD STE 201
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

TITLE President
NAME
STREET ADDRESS 771 S. KIRKMAN RD STE 106
CITY-ST-ZIP ORLANDO FL 32811 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/01

Date

407-532-8858

Daytime Phone #

CR2E034 (10/00)

0313587