

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057511

1. Entity Name

GULF COAST GROUNDS MAINTENANCE, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90132 008 ***150.00

Principal Place of Business

5999 CENTRAL AVENUE #200
ST. PETERSBURG FL 33710

Mailing Address

5999 CENTRAL AVENUE #200
ST. PETERSBURG FL 33710-8535

2. Principal Place of Business

7011 Central Avenue

Suite, Apt. #, etc.

Suite B

City & State

St. Petersburg FL 33710

3. Mailing Address

7011 Central Avenue

Suite, Apt. #, etc.

Suite B

City & State

St. Petersburg FL 33710

Zip

Country

USA

Zip

Country

USA

4. FEI Number

59-3464453

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

TENNEY, MARC A
5999 CENTRAL AVENUE #200
ST. PETERSBURG FL 33710

Name

MARC A. TENNEY ESQ.

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

7011 Central Avenue

Suite B

City

St. Petersburg

FL

Zip Code
33710

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
BERRY, CHAD E
1621 - 52ND STREET NORTH
ST. PETERSBURG FL 33710 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
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

3/15/00
Date

727-799-5053
Daytime Phone #

CR2E034 (9/99)