

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90008 019 ***150.00

DOCUMENT # P97000074002

1. Entity Name

R & D GULFCOAST, INC.

Principal Place of Business

Mailing Address

26325 MAHOGANY PT. CT.
 BONITA SPRINGS FL 34134
 US

P O BOX 366128
 BONITA SPRINGS FL 34136-6128
 US

LU020134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

26445 Buck lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs FL

City & State

4. FEI Number

59-3464793

Applied For

Not Applied

Zip

34134

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARLICK, THOMAS B
8889 PELICAN BAY BLVD., SUITE 300
NAPLES FL 34108

7. Name and Address of New Registered Agent

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

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.

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RUBINTON, JON	
STREET ADDRESS	P O BOX 366128 N.A	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUCHARME, DUANE	
STREET ADDRESS	7401 BAY COLONY DRIVE	
CITY-ST-ZIP	NAPLES FL 34108	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Director	<input type="checkbox"/> Change
NAME	Jon Rubinton	
STREET ADDRESS	P.O. Box 366128	
CITY-ST-ZIP	Bonita Springs FL 34136-6128	
TITLE	Vice President	<input checked="" type="checkbox"/> Change
NAME	Gregory DuCharme	
STREET ADDRESS	7401 Bay Colony Drive	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	Secretary	<input type="checkbox"/> Change
NAME	Michelle kis	
STREET ADDRESS	7401 Bay Colony Drive	
CITY-ST-ZIP	Naples, FL 34108	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
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 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

1/26/00 **941-947-7000**
 Date Daytime Phone #