

# 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

**CU020134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

26445 Buck lane  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bonita Springs FL

4. FEI Number **59-3464793**

Applied For

Not Applied

Zip

Country

Zip

Country

34134

USA

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

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

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. ☐  
 (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 **D** ☐ Delete  
 NAME **RUBINTON, JON**  
 STREET ADDRESS **P O BOX 366128 N.A**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **President / Director** ☐ Change ☒  
 NAME **Jon Rubinton**  
 STREET ADDRESS **P.O. Box 366128**  
 CITY-ST-ZIP **Bonita Springs FL 34136-6128**

TITLE **D** ☒ Delete  
 NAME **DUCHARME, DUANE**  
 STREET ADDRESS **7401 BAY COLONY DRIVE**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **Vice President** ☒ Change ☒  
 NAME **Gregory DuCharme**  
 STREET ADDRESS **7401 Bay Colony Drive**  
 CITY-ST-ZIP **Naples, FL 34108**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **Secretary** ☐ Change ☒  
 NAME **Michelle Kins**  
 STREET ADDRESS **7401 Bay Colony Drive**  
 CITY-ST-ZIP **Naples, FL 34108**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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

**1/26/00 941-947-7882**  
 Date Daytime Phone #