

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90022 006 \*\*\*550.00

**DOCUMENT # P98000089443**

1. Entity Name  
**GULF COAST COMMUNICATIONS, INC.**

Principal Place of Business  
**4016 BARRANCAS AVE**  
**SUITE C**  
**PENSACOLA FL 32507**

Mailing Address  
**4016 BARRANCAS AVE**  
**SUITE C**  
**PENSACOLA FL 32507**

2. Principal Place of Business  
**5260 Mobile Hwy**  
 Suite, Apt. #, etc.

3. Mailing Address  
**5260 Mobile Hwy**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Pensacola, FL.**  
 Zip  
**32526**  
 Country  
**USA**

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**Pensacola, FL.**  
 Zip  
**32526**  
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**USA**

4. FEI Number **59-3548878**  
 Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**POPE, RAY P**  
**4400 BAYOU BLVD, SUITE 54B**  
**PENSACOLA FL 32503**

7. Name and Address of New Registered Agent  
 Name  
**Christopher P. Bover**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5016 Skylark Ct.**  
 City **Pensacola** FL Zip Code **32505**

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 DATE **8/28/01**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BOVERT, CHRISTOPHER P</b> <b>4016 BARRANCAS AVE, SUITE C</b> <b>PENSACOLA FL 32507</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>TREIS, BEVERLEE A</b> <b>2120 KARLBURG DR</b> <b>PENSACOLA FL 32508</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>TREIS, ROBERT E</b> <b>2120 KARLBURG DR</b> <b>PENSACOLA FL 32508</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: **Christopher P. Bover** **8/28/01** **(850)-453-9406**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)