

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000015

1. Entity Name
GOLF COAST MASONRY INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State
09-15-2000 90019 004 ***550.00

Principal Place of Business
2940 YORKTOWN ST.
SARASOTA FL 34231-6138

Mailing Address
2940 YORKTOWN ST.
SARASOTA FL 34231-6138

2. Principal Place of Business
GOLF COAST MASONRY INC.
Suite, Apt. #, etc.
5680 JASON LEE PLACE

3. Mailing Address
GOLF COAST MASONRY INC.
Suite, Apt. #, etc.
5680 JASON LEE PLACE

City & State
SARASOTA, FL

City & State
SARASOTA, FL

Zip
34233

Country
SPAIN

Zip
34233

Country

4. FEI Number **65-0889817**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
FUDGE, MICHAEL DAVID
2940 YORKTOWN ST.
SARASOTA FL 34231-6138

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 **MICHAEL DAVID FUDGE, PRESIDENT** **9/12/00**
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 \$550.00
After SEPTEMBER 13, 2000 Min. 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	P FUDGE, MICHAEL D 2940 YORKTOWN ST SARASOTA FL 34231-6130	<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
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
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 all other like empowered.

SIGNATURE: **MICHAEL DAVID FUDGE, PRESIDENT** **941-922-5499**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/00)