

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/2

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90008 008 \*\*\*150.00

**DOCUMENT # P990000016369**

1. Entity Name  
**GOLD COAST CASUAL FURNITURE, INC.**

Principal Place of Business  
 2695 N MILITARY, SUITE 1  
 WEST PALM BEACH FL 33409

Mailing Address  
 2695 N MILITARY, SUITE 1  
 WEST PALM BEACH FL 33409-2946

2. Principal Place of Business  
*Same*  
 Suite, Apt. #, etc.

3. Mailing Address  
*Same*  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**105-0903106**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

**KLEMPNER, MARK**  
**2695 N MILITARY, SUITE 1**  
**WEST PALM BEACH FL 33409**

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 NAME STREET ADDRESS CITY-ST-ZIP  
**DIRECTOR KLEMPNER, MARK**  
**2695 N MILITARY, SUITE 1**  
**WEST PALM BEACH FL 33409** ☐ 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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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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

Date

Daytime Phone

**2-12-00 561 418**  
**9310**

CR2E034 (9/99)