

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029108

1. Entity Name

GULF COAST BALF ASSOCIATION, INC.

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90004 047 ***550.00

660504



DO NOT WRITE IN THIS SPACE

Principal Place of Business 106A AZALEA DR EAFB FL 32542	Mailing Address 106A AZALEA DR EAFB FL 32542
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2. Principal Place of Business 353 Lisette Ct Suite, Apt. #, etc.	3. Mailing Address 353 Lisette Ct Suite, Apt. #, etc.
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City & State Fort Walton Beach FL	City & State Fort Walton Beach, FL
Zip 32547	Zip 32547
Country USA	Country USA

4. FEI Number 59-3559631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLER, TONY D 106A AZALEA DRIVE EAFB FL 33542

7. Name and Address of New Registered Agent Name Richard W. Alsen Street Address (P.O. Box Number is Not Acceptable) 353 Lisette Ct City Fort Walton Beach FL Zip Code 32547

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 <u>Richard W. Alsen</u> Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE <u>May 1 2001</u>

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW! After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, TONY D 106A AZALEA DR EAFB FL 32542 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALSEN, RICHARD 106A AZALEA DR EAFB FL 32542 <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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 353 Lisette Ct Fort Walton Beach, FL 32547
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
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 no 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: <u>Richard W. Alsen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>1-May-01</u>	Daytime Phone # <u>850-803-2253</u>
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CR2E034 (10/00)