

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030447

1. Entity Name

GULF COAST HOSPITALITY INDUSTRIES, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90235 009 \*\*\*158.75

Principal Place of Business

779 MYRTLE WEST  
NAPLES FL 34103

Mailing Address

11216 TAMAMI TRAIL N.  
SUITE 226  
NAPLES FL 34110

748043

2. Principal Place of Business

7794 Emerald Circle  
Suite, Apt. #, etc. 201

3. Mailing Address

7794 Emerald Circle  
Suite, Apt. #, etc. 201



DO NOT WRITE IN THIS SPACE

City & State

Naples, Florida

City & State

Naples, Florida

4. FEI Number

65-0910817

Applied For

Not Applicable

Zip

34109

Country

USA

Zip

34109

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NIKONOV, SERGEI  
779 MYRTLE TER WEST  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Sergei NIKONOV

Street Address (P.O. Box Number is Not Acceptable)

7794 Emerald Circle #201

City

Naples

Zip Code

34109

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

*S. H. - Sergei NIKONOV*

04.19.01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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

|                |                      |                                            |
|----------------|----------------------|--------------------------------------------|
| TITLE          | PD                   | <input type="checkbox"/> Delete            |
| NAME           | NIKONOV, SERGEI      |                                            |
| STREET ADDRESS | 779 MYRTLE TERRACE   |                                            |
| CITY-STATE-ZIP | WEST NAPLES FL 34103 |                                            |
| TITLE          | STD                  | <input type="checkbox"/> Delete            |
| NAME           | NIKONOV, IRINA       |                                            |
| STREET ADDRESS | 779 MYRTLE TERRACE   |                                            |
| CITY-STATE-ZIP | WEST NAPLES FL 34103 |                                            |
| TITLE          | V                    | <input checked="" type="checkbox"/> Delete |
| NAME           | CHEPCHUGOV, SERGEY   |                                            |
| STREET ADDRESS | 4763 ESCOBAR AVE # B |                                            |
| CITY-STATE-ZIP | NAPLES FL 34103      |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-STATE-ZIP |                      |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-STATE-ZIP |                      |                                            |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |                                            |
| STREET ADDRESS |                      |                                            |
| CITY-STATE-ZIP |                      |                                            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | Sergei NIKONOV           |                                                                              |
| STREET ADDRESS | 7794 Emerald Circle #201 |                                                                              |
| CITY-STATE-ZIP | Naples, FL 34109         |                                                                              |
| TITLE          | STD                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | IRINA NIKONOVA           |                                                                              |
| STREET ADDRESS | 7794 Emerald Circle #201 |                                                                              |
| CITY-STATE-ZIP | Naples, FL 34109         |                                                                              |
| TITLE          | V                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | George FACONE            |                                                                              |
| STREET ADDRESS | 5051 Castello Drive #30  |                                                                              |
| CITY-STATE-ZIP | Naples FL 34103          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-STATE-ZIP |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-STATE-ZIP |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-STATE-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 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

*S. H. - Sergei NIKONOV*

DATE

Daytime Phone #

04.19.01 (441) 593-5347

CR2E034 (10/00)